

<i>SERFF Tracking Number:</i>	<i>HMRK-126944871</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47529</i>
<i>Company Tracking Number:</i>	<i>HM905-LMP 1010</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Limited Medical</i>		
<i>Project Name/Number:</i>	<i>Limited Medical 10/10 Filing/HM905 LMP 1010</i>		

## Filing at a Glance

Company: HM Life Insurance Company

Product Name: Limited Medical

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: HMRK-126944871 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47529

Co Tr Num: HM905-LMP 1010

State Status: Approved-Closed

Author: Jennifer Bayich

Reviewer(s): Rosalind Minor

Date Submitted: 12/14/2010

Disposition Date: 12/28/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Limited Medical 10/10 Filing

Project Number: HM905 LMP 1010

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing  
in Pennsylvania.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association

Overall Rate Impact:

Filing Status Changed: 12/28/2010

State Status Changed: 12/28/2010

Deemer Date:

Created By: Jennifer Bayich

Submitted By: Jennifer Bayich

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Enclosed for filing with your department are the captioned forms. When approved, the above policy forms will replace existing business issued on the following forms, at the next renewal following the date of approval:

Form	Approved	Filing Number
HM905-LMP (1/08) 02/13/08	HMRK-125478267	HM905-LMC (1/08) 02/13/08 HMRK-125478267

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<i>Product Name:</i>	<i>Limited Medical</i>		
<i>Project Name/Number:</i>	<i>Limited Medical 10/10 Filing/HM905 LMP 1010</i>		

These forms will also be used for new business issued after the date of approval. All other forms previously approved for use with HM905-LMP ET.AL. by the Department will continue to be used with the above referenced forms.

For purposes of 42 U.S.C.A. § 300gg-91 this product is considered an excepted benefit under subparagraph (c)(3)(B) of that section because it is an independent fixed indemnity insurance product which does not coordinate benefits that provides a limited benefit directly to a claimant on a reimbursement basis. Payment is made at the amount shown in the schedule or the providers charge if less.

A "black-lined" copy and a clean copy of the above forms are attached. In the "black-lined" copy:

- Provisions and text that have been deleted are struck through;
- New, changed or additional text is underlined in red; and
- Optional wording or provisions are bracketed and preceded by "Option" highlighted in braces.

The clean copy contains clear text with Optional wording or provisions are bracketed and preceded by "Option" highlighted in braces.

In order to accommodate our policyholders' specific needs, we request that these forms be approved as variable on a general-use basis.

The attached forms are submitted in final printed form in 10-point type on 8 1/2 by 11 pages. We may issue the certificate in a booklet format, or in a foreign language, based on a direct translation of the filed wording upon request.

Variable provisions and limits are bracketed in the text of the forms; such provisions and limits include:

1. Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
2. Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
3. Benefit provision variations – where alternate provisions are available; each variation is bracketed and shown in the enclosed policy forms.

An asterisk within a bracket is used to designate the name of the policyholder, policy issue date, name of the policyholder, anniversary date, name of an affiliate, a location, a date, etc.

Ranges that apply to specific benefits are shown as a percentage or number as applicable within the bracket; both the high and low end is shown. All exclusions and limitations may be included or deleted in their entirety. Definitions that do not apply to the benefit description may be deleted in their entirety.

SERFF Tracking Number:	HMRK-126944871	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	47529
Company Tracking Number:	HM905-LMP 1010		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Limited Medical		
Project Name/Number:	Limited Medical 10/10 Filing/HM905 LMP 1010		

If included, there is not formulary associated with the prescription drug benefits – any prescribed drug is eligible for reimbursement.

Common terms within the form may be substituted with similar terms, for example:

1. Association, union, or similar term may be substituted for employer provided benefits are provided on a group basis in a manner that precludes individual selection.
2. Member or associate may be substitute for employee provided a relationship similar to one of employee to employer is maintained.

Eligibility and service waiting periods, if any, are generally determined by the employer making the definitions and/or any waiting period associated with a person's eligibility are subject to change in accordance with the employer's personnel practices. We will not agree to a request that is not applied consistently to all employees within a given class.

Additional variations not shown in the enclosed forms may be agreed upon as a result of negotiations between HM Life and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.

HM Life will market this product to employers through licensed agents, brokers, and other producers appointed by HM Life. We do not make the offer, sale, or renewal of this product contingent upon the purchase of any other insurance product.

HM Life's domicile state is Pennsylvania. This form is exempt from filing in Pennsylvania pursuant to Pennsylvania Bulletin, 26 Pa.B. 1453.

The forms contain no unusual or controversial items, according to normal company and industry standards. To the best of my knowledge, the forms comply with all of your applicable statutes.

## Company and Contact

### Filing Contact Information

Jennifer Bayich, Compliance Analyst II	jennifer.bayich@hminsurancegroup.com
P.O. Box 535061	412-544-0923 [Phone]
P6504	412-544-1138 [FAX]
Pittsburgh, PA 15235-5061	

### Filing Company Information

HM Life Insurance Company	CoCode: 93440	State of Domicile: Pennsylvania
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SERFF Tracking Number: HMRK-126944871 State: Arkansas  
Filing Company: HM Life Insurance Company State Tracking Number: 47529  
Company Tracking Number: HM905-LMP 1010  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Limited Medical  
Project Name/Number: Limited Medical 10/10 Filing/HM905 LMP 1010

PO Box 535065 Group Code: 812 Company Type:  
Suite P6504 Group Name: HM Insurance Group State ID Number:  
Pittsburgh, PA 15253-5065 FEIN Number: 06-1041332  
(412) 544-1139 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: 2 forms x \$50 = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HM Life Insurance Company	\$100.00	12/14/2010	42909357

SERFF Tracking Number:	HMRK-126944871	State:	Arkansas
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TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Limited Medical		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/28/2010	12/28/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/16/2010	12/16/2010	Jennifer Bayich	12/22/2010	12/22/2010

<i>SERFF Tracking Number:</i>	<i>HMRK-126944871</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Limited Medical</i>		
<i>Project Name/Number:</i>	<i>Limited Medical 10/10 Filing/HM905 LMP 1010</i>		

## Disposition

Disposition Date: 12/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HMRK-126944871 State: Arkansas

Filing Company: HM Life Insurance Company State Tracking Number: 47529

Company Tracking Number: HM905-LMP 1010

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Limited Medical

Project Name/Number: Limited Medical 10/10 Filing/HM905 LMP 1010

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Submission Letter	Approved-Closed	Yes
Supporting Document	Red-Lined Policy	Approved-Closed	Yes
Supporting Document	Red-Lined Certificate	Approved-Closed	Yes
Supporting Document	Policy Information Notice	Approved-Closed	Yes
Supporting Document	Guaranty Association Notice	Approved-Closed	Yes
Supporting Document	12.22.10 Response Letter	Approved-Closed	Yes
Form	Group Indemnity Medical Insurance Policy	Approved-Closed	Yes
Form (revised)	Group Indemnity Medical Insurance Certificate	Approved-Closed	Yes
Form	Group Indemnity Medical Insurance Certificate	Replaced	Yes

*SERFF Tracking Number:*      *HMRK-126944871*      *State:*      *Arkansas*  
*Filing Company:*      *HM Life Insurance Company*      *State Tracking Number:*      *47529*  
*Company Tracking Number:*      *HM905-LMP 1010*  
*TOI:*      *H21 Health - Other*      *Sub-TOI:*      *H21.000 Health - Other*  
*Product Name:*      *Limited Medical*  
*Project Name/Number:*      *Limited Medical 10/10 Filing/HM905 LMP 1010*

## **Objection Letter**

Objection Letter Status      Pending Industry Response

Objection Letter Date      12/16/2010

Submitted Date      12/16/2010

Respond By Date

Dear Jennifer Bayich,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Indemnity Medical Insurance Certificate, HM905-LMC (10/10) (Form)

Comment:

Under the provision for Eligible Department and the language on handicapped dependents, this is to advise that there can be no time limit set for furnishing proof of incapacity. Please refer to ACA 23-86-108(4) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor



SERFF Tracking Number: HMRK-126944871 State: Arkansas  
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 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: Limited Medical  
 Project Name/Number: Limited Medical 10/10 Filing/HM905 LMP 1010

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 12/22/2010  
 Submitted Date 12/22/2010

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Thank you for your continued review of this filing. In response to your objection letter the definition of "Eligible Dependent" has been revised to remove the 31-day requirement for furnishing proof of incapacity for a handicapped dependent.

### Related Objection 1

Applies To:

- Group Indemnity Medical Insurance Certificate, HM905-LMC (10/10) (Form)

Comment:

Under the provision for Eligible Department and the language on handicapped dependents, this is to advise that there can be no time limit set for furnishing proof of incapacity. Please refer to ACA 23-86-108(4) and Bulletin 14-81.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: 12.22.10 Response Letter

Comment:

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Indemnity Medical Insurance Certificate	HM905-LMC (10/10)		Certificate	Initial		54.100	HM905 LMC _1010_ - clean.pdf

SERFF Tracking Number:	HMRK-126944871	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	47529
Company Tracking Number:	HM905-LMP 1010		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Limited Medical		
Project Name/Number:	Limited Medical 10/10 Filing/HM905 LMP 1010		

**Previous Version**

Group Indemnity	HM905-	Certificate	Initial	54.100	HM905
Medical Insurance	LMC				LMC
Certificate	(10/10)				_1010_ - clean.pdf

No Rate/Rule Schedule items changed.

Should you have any further questions or concerns, please do not hesitate to contact me. I may be reached directly at the left-side address, as well as via telephone at 412-544-0923, or via e-mail to [jennifer.bayich@hminsurancegroup.com](mailto:jennifer.bayich@hminsurancegroup.com).

Thank you for your time and attention to this matter.

Sincerely,  
Jennifer Bayich

SERFF Tracking Number: HMRK-126944871 State: Arkansas

Filing Company: HM Life Insurance Company State Tracking Number: 47529

Company Tracking Number: HM905-LMP 1010

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Limited Medical

Project Name/Number: Limited Medical 10/10 Filing/HM905 LMP 1010

## Form Schedule

### Lead Form Number: HM905-LMP (10/10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/28/2010 (10/10)	HM905-LMP (10/10)	Policy/Cont ract/Fratern al	Group Indemnity Medical Insurance Policy Certificate	Initial		54.000	HM905 LMP (1010) clean.pdf
Approved-Closed 12/28/2010 (10/10)	HM905-LMC (10/10)	Certificate	Group Indemnity Medical Insurance Certificate	Initial		54.100	HM905 LMC _1010_ - clean.pdf

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP INDEMNITY MEDICAL INSURANCE POLICY  
NON-PARTICIPATING

THIS POLICY PROVIDES GROUP INDEMNITY MEDICAL INSURANCE. IT DOES NOT  
PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.

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POLICYHOLDER: [\*]

GROUP POLICY NUMBER: [\*]

POLICY EFFECTIVE DATE: [\*]

POLICY ISSUE DATE: [\*]

POLICY ANNIVERSARY DATE: [\*]

STATE OF ISSUE: [\*]

**HM Life Insurance Company**, herein called the Company or We, Us or Our, in consideration of the Application for this Group Policy and the timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible employees and their eligible dependents under this Policy.

This Policy is intended to be read in its entirety. We agree to provide Medical Indemnity Insurance Benefits described in this Policy and the attached Certificates in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown above as long as [10] eligible employees are insured under the Policy on that date.

This Policy and the Certificate describes the terms and conditions of insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of this Policy's and the attached Certificates provisions carefully.

This Policy # goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Policy. We and the Policyholder agree to all of the terms of this Policy.

**SCHEDULE OF AFFILIATES**

The following affiliates are covered under this Policy on the effective dates listed below. A newly-acquired affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [180] days of its acquisition and pays the required premium. If we are not notified within the required time period, the affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

<b>Affiliate Name</b>	<b>Location</b>	<b>Effective Date</b>
[*]	[*]	[*]

[or] [none on the Policy Effective Date]

### **Cancellation**

We or the Policyholder may cancel this Policy, after the first year as of any Premium Due Date, by giving the other party [31] days advance written notice.

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

### **Grace Period**

A Policy Grace Period of [31] days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the Policyholder at least [90] days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to us for any unpaid premium for the time this Policy was in force.

An Individual Grace Period of [31] days, applicable when a Covered Person remains eligible under this Policy under the *Continuation Provisions*, will be granted for payment of required premiums. A Covered Person's insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the Grace Period by the amount of premium due.

If no such claims are incurred and premium is not paid during the Grace Period, insurance will end on the last day of the period for which premiums were paid.

### **Premiums**

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

### **Premium Payment**

The total premium for this Policy is the sum of premiums paid:

1. by the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. by Covered Persons who remain eligible for coverage under one of the *Continuation Provisions* of this Policy.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

### **Changes in Premium Rates**

We may change the premium rates from time to time with at least [60] days advance written notice to the Policyholder. No change in rates will be made until [12] months after the Policy Effective Date. An increase in rates will not be made more often than once in a [12]-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons eligible for coverage increases or decreases by more than [10]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. less than [10] Employees eligible for coverage are insured under this Policy;
4. coverage is reinstated following failure to pay premium during the Grace Period;
5. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10]% or more the number of eligible individuals;
6. a change in the number of eligible individuals which would, on a manual rate basis, require a change of [10]% or more in the premium rate;
7. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or
8. the Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

### **Premium Audit**

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

### **[Reinstatement]**

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.]

### **Legal Actions**

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No

such action will be brought more than three years after the time such written proof of loss must be furnished.

### **Recovery of Overpayment**

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

### **Entire Contract; Changes**

This Policy and the Certificate of Insurance, including the [application], endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

### **Misstatement of Fact**

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

### **Certificates**

Where required by law, we will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

### **Assignment**

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

### **Incontestability**

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

## **Reporting Requirements**

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

## **Clerical Error**

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

## **Conformity with Statutes**

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

## **Compensation Insurance**

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

## **Incorporation**

The provisions of the attached Certificates, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date



**President**



# HM Life Insurance Company

**120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222**

**HM Life Insurance Company**, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



**President**

---

<b>POLICYHOLDER:</b>	<b>[*]</b>
<b>GROUP POLICY NUMBER:</b>	<b>[*]</b>
<b>POLICY EFFECTIVE DATE:</b>	<b>[*]</b>
<b>CERTIFICATE EFFECTIVE DATE:</b>	<b>[*]</b>
<b>STATE OF ISSUE:</b>	<b>[*]</b>

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

## **PLEASE READ THIS CERTIFICATE CAREFULLY**

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", "we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

## **• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING**

**THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.**

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## SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to the benefits provided by the Policy under this Certificate please read all the provisions carefully.

**Eligible Persons:** An Eligible Person is an individual who *[include when there is more than one class of Eligible Persons - meets all of the requirements of one of the Covered Classes shown below]* [is [a full-time employee of the Policyholder who works at least [15] hours per week.]]

Class 1	All employees of the Policyholder who are officers
Class 2	All employees of the Policyholder who are managers or supervisors
Class 3	All other employees of the Policyholder]

### Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:  
For Employees hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:

## MEDICAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by the Policy under this Certificate. Please read the *Description of Benefits* section for full details.

### Covered Expense

### Benefit Amount

#### In-Patient Hospital Services

Maximum Daily In-Hospital Benefit	[\$100-\$2,000]
Maximum Days per [Plan] Year	[20-365]
[Additional Daily Benefit for the first day of Hospital confinement (limited to [1-2] admissions per [Plan] Year)]	[\$100-\$2,000]
[Daily ICU, CCU, NICU or PICU Benefit]	[\$100-\$4,000]
[Maximum Days per [Plan] Year]	[1-90]
[Mental / Nervous Conditions Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
[Substance Abuse Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]

#### Out-Patient Hospital Services

Daily Out-Patient Treatments	[\$25-\$500]
Maximum Days per [Plan] Year	[1-8]

#### Out-Patient Diagnostic Testing Benefit

Daily Out-Patient Tests	[\$25-\$500]
Maximum Days per [Plan] Year (limited to one test per day )	[1-8]
<b>Hospital Emergency Room Benefit</b>	
Benefit Amount per Visit	[\$100 - \$500]
Maximum Visits per [Plan] Year for Covered Accidents	[1-5]
Maximum Visits per [Plan] Year for Covered Sickness	[1-5]
<b>[Physician Services]</b>	
<b>[Surgery Benefit]</b>	[See Schedule of Surgical Procedures]
Maximum Procedures per [Plan] Year[*]	[1-5]
[* Exceptions apply – See Schedule of Excepted Procedures]	
<b>[Anesthesia Benefit]</b>	[20% of the Surgery Benefit payable for the procedure performed]
<b>[Inpatient Visits]</b>	
Benefit per Visit	[\$30 - \$100]
[Maximum Number of Visits per [Plan] Year (Limited to 1 visit per day]	[1-6]
<b>[Office Visits]</b>	
Maximum Benefit per Visit]	[\$30-\$100]
[Maximum Number of Visits per [Plan] year]	[1-15]
<b>[Outpatient Prescription Drug Benefit]</b>	
[Generic Drugs Benefit]	[\$2-\$20]
[Maximum generic prescriptions per [Plan] year]	[1-24]
[Brand Drugs Benefit]	[\$2-\$30]
[Maximum brand prescriptions per [Plan] year]	[1-24]
<b>[Home Health Care Benefit]</b>	
[Benefit per day]	[\$20-\$50]
[Maximum number of days per [Plan] Year]	[5-75 ]
<b>[Ambulance Service]</b>	
Benefit per Trip	[\$75-\$300]
Maximum Number of Trips per [Plan] year]	[1-3]
<b>[Wellness Service Benefit]</b>	
[Benefit per Service]	[\$25-\$100]
[Maximum Services]	

per [Plan] Year [1-3]

**[Wellness Screening Test Benefit]**

[Benefit per [Test] [Day] [\$20-\$150]

[Maximum [Tests] [Days]  
per [Plan] Year [1-3]

**Contributions**

The [entire] cost of this insurance is paid by  
[the] [Policyholder] [and] [Covered Persons].

**GENERAL DEFINITIONS**

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

**Active Service** means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

**Ambulance Service** means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

**Treatment** means care, services or supplies, provided by or at the direction of a Physician for a Covered Expense.

**Company or we, us or our** means HM Life Insurance Company, domiciled in Pennsylvania.

**Covered Accident** means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation;

2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

**Covered Employee** means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

**Covered Expenses** means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Treatment of a Covered Accident or a Covered Sickness.

**Covered Person** means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

**Covered Sickness** means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

**Eligible Dependent** means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
  - a. is less than [19] [26] years old; or
  - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
  - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity as soon as is possible. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25] [26];
  - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
  - e. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

**Eligible Person** means an individual as defined in the *Schedule of Benefits*

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

**He, him or his** means an individual, male or female.

**Hospital** means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care;
2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

**Hospital Stay** means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

**Incurred or Incurs** means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

**In-Patient** means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean [a Covered Person] who is required to be confined for a period of at least a full day or twenty-four (24) continuous hours as determined by the Hospital.

**Out-Patient** means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

**Physician** means a licensed health care provider practicing within the scope of his license and

rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

**Policyholder** means the entity shown on the cover page of this policy.

**[Pre-Existing Condition** means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person has not received any diagnosis, medical advice, care or treatment within the 6-month period immediately preceding His effective date of coverage.

A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

Benefits for Pre-Existing Conditions may be limited. Please read the *Description of Medical Indemnity Benefits* section for any applicable limitations.]

**You or your** mean the Covered Employee.

## **ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS**

### **Certificate Effective Date**

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of your enrollment and payment of the contributions, if any, when due. Your coverage under this Certificate's begins on the date you are eligible.

### **Eligibility**

An employee becomes eligible for insurance under the Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under the Policy as both an Employee and a spouse or dependent child at the same time.

[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his



insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a [Plan] year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;

[3.] [first of the month following the date the employee's insurance becomes effective][;]

[4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;

[5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 90 days later unless [the Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

### **Deferred Effective Date**

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person.

Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

## **Late Enrollee**

An Eligible Person will be considered a late enrollee if he does not apply for coverage under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

## **Effective Date of Changes**

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

## **Termination of Insurance**

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

## **Continuation Provisions**

Continuation may be available after the termination of this insurance. Please contact your employer for details.

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, and Policy Number.

### **Claim Forms**

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

### **Proof of Loss**

Written or authorized electronic proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

### **Time of Payment of Claims**

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

### **Payment of Claims**

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

### **Claim Administration**

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and

beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

### **Physical Examination and Autopsy**

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

### **Legal Actions**

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

### **Recovery of Overpayment**

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

## **GENERAL PROVISIONS**

### **[10 Day Right To Examine Certificate**

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

### **Assignment**

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

### **Incontestability**

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a

copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

### **Conformity with Statutes**

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

### **Compensation Insurance**

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

### **DESCRIPTION OF INDEMNITY MEDICAL BENEFITS**

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

### **MEDICAL EXPENSE BENEFITS**

We will pay the benefits amount shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Treatment of an injury sustained in a Covered Accident or for Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis. For other than Surgery, the amount we will pay is limited to the dollar amount shown in the Schedule of Benefits for the Covered Expense, or the provider's billed charge, if less. The amount we will pay for any one Surgical Procedure is limited to the dollar amount shown in the *Schedule of Surgical Procedures*, or the surgeon's billed charge, if less.

### **Covered Expenses:**

#### **In-Patient Hospital Services**

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay a benefit for each day of Confinement, up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits* for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per [Plan] year, including treatment of mental / nervous disorders or substance abuse treatment.

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an

inpatient during a Hospital Stay.

### **Outpatient Hospital Services**

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives Treatment for an injury sustained in a Covered Accident, or for Treatment of a Covered Sickness, provided when he is an Outpatient.

### **Outpatient Diagnostic Testing Services**

We will pay a benefit for Outpatient Diagnostic Testing Services when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per [Plan] Year shown in the *Schedule of Benefits*.

### **Emergency Room Treatment**

We will pay a Hospital Emergency Room Benefit for Treatment provided in an outpatient emergency room of a Hospital or licensed facility, up to the maximum number of visits annually shown in the *Schedule of Benefits*.

### **[Physician Services**

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Surgical Procedures*.

A list of common procedures and the maximum amount for each is shown in the *Schedule of Surgical Procedures*.

If two or more procedures are performed through the same incision or operative site, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the *Schedule of Surgical Procedures*, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the *Schedule of Surgical Procedures*.

[Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.]

[In-Patient Hospital Visits - We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, up to the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]

[Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit up to the Maximum Number of Office Visits per [Plan] Year shown in the *Schedule of Benefits*].

### **[Out-Patient Prescription Drugs]**

We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).

The maximum number of prescriptions available per [Plan] year are shown in the *Schedule of Benefits*.

### **[Home Health Care]**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:

1. part-time nursing care provided or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person' approved by His Physician;
4. nutritional counseling; and
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.]

### **[Ambulance Services]**

Benefits are payable for professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Person's Covered Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown.-

We will pay Covered Expenses Incurred for Ambulance Service up to the maximum number of trips shown in the *Schedule of Benefits*.]

### **[Wellness Service Benefit]**

We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, up to the maximum number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.]

### **[Wellness Screening Test Benefit]**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, up to the maximum number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.]

### **[Limitation for Pre-Existing Conditions]**

[We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of

12 months; or

2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

[Until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.

Payment of any benefits for treatment of a Covered Person's Pre-Existing Condition is limited to [\$100 - \$3,000].]

[We will not pay any benefits for In-Patient Hospital Services, or Physicians Services for Surgery or Anesthesia until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.] ]

### **Excluded Expenses**

The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Certificate:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof - this exclusion does not apply to:
  - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
  - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
  - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
  - d. with respect to a mastectomy:
    - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
    - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
    - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. examinations needed for employment, obtaining insurance or travel;
4. voluntary abortion, unless:
  - a. the life of the mother would be endangered if the fetus were carried to term; or



- b. medical complications have arisen from an abortion;
- 5. sex change procedures;
- 6. reversal of sterilizations;
- 7. diagnosis and treatment of infertility;
- 8. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
- 9. routine eye examinations or fitting of glasses or contact lenses;
- 10. hearing examinations or fitting of hearing aids;
- 11. dental examinations or dental care other than expenses resulting from a Covered Accident;
- 12. smoking cessation;
- 13. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
- 14. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
- 15. committing, attempting to commit, or taking part in a felony or assault;
- 16. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
- 17. air travel, except:
  - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
  - b. on a charter flight operated by a scheduled airline; or
  - c. as a passenger for transportation only and not as a pilot or crew member;
- 18. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
- 19. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
- 20. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
- 21. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
- 22. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;

- 23. any treatment received or expenses incurred after this Policy has terminated;
- 24. any service, supply or treatment that is not provided by or at the direction of a Physician;
- 25. treatment of any accident or sickness outside the United States or Canada;
- 26. transportation except as provided for in Ambulance Services;
- 27. benefits for services or treatment rendered by any person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Covered Person's household;
  - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
  - d. a Covered Person treating himself; or
- [28. the treatment of:
  - a. mental illness;
  - b. functional or organic nervous disorder, regardless of cause;
  - c. alcohol abuse;
  - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed.]

**SCHEDULE OF SURGICAL PROCEDURES [– \$500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$7
10061	I&D of Abscess, Complex	\$16
19000	Puncture Aspiration of cyst of Breast	\$8
19120	Removal of Breast Lesion	\$46
19180	Mastectomy, Simple	\$77
19240	Removal of Breast	\$115
20550	Injection; Single Tendon Sheath or Ligament	\$6
20600	Drain/Inject Joint/Bursa	\$6
20605	Drain/Inject Joint/Bursa	\$6
22554	Neck Spine Fusion	\$250
23500	Closed tx, clavicle fracture	\$19
25560	Closed tx, radius fracture	\$36
27230	Closed tx, femur fracture.	\$55
27816	Closed tx, ankle fracture	\$39
28415	Closed tx, humerus fracture	\$122
29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16

36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106
58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68
58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124

59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$231
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$71
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$11]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108

27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213
49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279

58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279
66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308

19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424

58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

**SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]**



<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	Injection; Single Tendon Sheath or Ligament	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Re-channeling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888
38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996

51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798

67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448

47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704

63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

**SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60
22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990

44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970

61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

**SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192
19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12

36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140



59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216
68761	Close Tear Duct Opening	\$132]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266

25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246

58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736

19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696

57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	Injection; Single Tendon Sheath or Ligament	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Re-channeling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440
38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420

49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860

66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5, 250 Maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562
29580	Application of Paste Boot	\$105
35301	Rechannelling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882



45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176
47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,491
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428
58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533

63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848
63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231]

**[SCHEDULE OF SURGICAL PROCEDURES [- \$5,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechanneling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684

38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584

59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5750 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$161
10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture.	\$1,265
27816	Closed tx, ankle fracture	\$897

28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115
35301	Rechannelling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530
55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059

58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633
67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,000 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144

20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechannelling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120
49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904

58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,250 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
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[10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400
19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture.	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechannelling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475
44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000

52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150
57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925
61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325

67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900
67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechanneling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456

47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288

63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,750 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750
23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture.	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechanneling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588

44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834
44950	Appendectomy	\$1,944
44970	Laparoscopy surgical appendectomy	\$1,944
45378	Diagnostic Colonoscopy	\$1,134
45560	Repair of Rectocele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration of Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair Bladder & Vagina	\$1,836
57280	Suspension of Vagina	\$2,862
57282	Repair of Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension of Uterus	\$2,214
58600	Division of fallopian tube	\$1,566
58700	Removal of fallopian tube	\$2,052
58720	Removal of ovary/tube(s)	\$2,403
58740	Revise Fallopian Tube(s)	\$2,511
58750	Repair Oviduct	\$4,104
58770	Create New Tubal Opening	\$3,591
58925	Removal of ovarian cyst(s)	\$1,836
58940	Removal of ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Cesarean delivery	\$4,131
59851	Abortion	\$1,944

61154	Pierce Skull, Remove Clot	\$5,319
61312	Open Skull for Drainage	\$6,750
62284	Injection for Myelogram	\$864
63030	Low Back Disk Surgery	\$6,048
63035	Added Spinal Disk Surgery	\$1,971
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck Spine Disk Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,591
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear Duct Opening	\$297]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,000 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140

35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904
57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904



59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,250 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	<i>Puncture Aspiration of cyst of Breast</i>	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174

22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551
25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechannelling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798
49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682

58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581
58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001
66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480

19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180

57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280

67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300 ]

**[Schedule of Excepted Procedures]**

<b>CPT Code</b>	<b>Description</b>
[36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag;2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surfce
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Clct Bld Spec From Cmpl Impl Venous Acss Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30210	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required
29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collct Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue

57160	Fit&Insrtion Pessary/Oth Intravag Support Device
69090	Ear Piercing
58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area;Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament-Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast
11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes-Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc-Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq]

<i>SERFF Tracking Number:</i>	<i>HMRK-126944871</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47529</i>
<i>Company Tracking Number:</i>	<i>HM905-LMP 1010</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Limited Medical</i>		
<i>Project Name/Number:</i>	<i>Limited Medical 10/10 Filing/HM905 LMP 1010</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	12/28/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	12/28/2010
<b>Comments:</b>		
previously approved application form # HM905-LMA Approved March 28, 2006.		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	12/28/2010
<b>Comments:</b>		
n/a group coverage		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	12/28/2010
<b>Comments:</b>		
n/a group coverage		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	12/28/2010
<b>Comments:</b>		
N/A - not PPACA Related		



SERFF Tracking Number:	HMRK-126944871	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	47529
Company Tracking Number:	HM905-LMP 1010		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Limited Medical		
Project Name/Number:	Limited Medical 10/10 Filing/HM905 LMP 1010		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Submission Letter	Approved-Closed	12/28/2010
<b>Comments:</b>		
<b>Attachment:</b>		
December 13.Submission Letter.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Red-Lined Policy	Approved-Closed	12/28/2010
<b>Comments:</b>		
<b>Attachment:</b>		
HM905 LMP (1010) redline.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Red-Lined Certificate	Approved-Closed	12/28/2010
<b>Comments:</b>		
<b>Attachment:</b>		
HM905 LMC _1010_ - 7500 Redline.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Policy Information Notice	Approved-Closed	12/28/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR Policy info.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Guaranty Association Notice	Approved-Closed	12/28/2010
<b>Comments:</b>		
<b>Attachment:</b>		

<i>SERFF Tracking Number:</i>	<i>HMRK-126944871</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47529</i>
<i>Company Tracking Number:</i>	<i>HM905-LMP 1010</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Limited Medical</i>		
<i>Project Name/Number:</i>	<i>Limited Medical 10/10 Filing/HM905 LMP 1010</i>		

AR Guaranty Assoc Notice.pdf

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	12.22.10 Response Letter	Approved-Closed	12/28/2010
<b>Comments:</b>			
<b>Attachment:</b>			
December 21.2010 Response Letter.pdf			

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

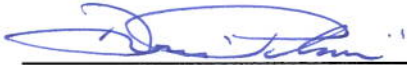
This is to certify that the following forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch Reading Ease Score of:

**FORM NO.**

HM905 LMP (10/10) and related forms

**FLESH SCORE**

54



Signed by Company Officer

December 10, 2010

Date

Domenic Palmieri

Name

Senior Vice President – Finance

Title

Group Indemnity Medical Insurance



A HIGHMARK COMPANY

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

December 14, 2010

Arkansas Department of Insurance  
Life and Health Division  
Arkansas Insurance Department  
1200 W. Third Street  
Little Rock, AR 72201-1904

**VIA SERFF**

**RE:** HM Life Insurance Company, NAIC #93440  
HM905-LMP (10/10)  
HM905-LMC (10/10)

**Form Filing**

To Whom It May Concern:

Enclosed for filing with your department are the captioned forms. When approved, the above policy forms will replace existing business issued on the following forms, at the next renewal following the date of approval:

<b>Form</b>	<b>Approved</b>	<b>Filing Number</b>
HM905-LMP (1/08)	02/13/08	<i>HMRK-125478267</i>
HM905-LMC (1/08)	02/13/08	<i>HMRK-125478267</i>

These forms will also be used for new business issued after the date of approval. All other forms previously approved for use with HM905-LMP ET.AL. by the Department will continue to be used with the above referenced forms.

For purposes of 42 U.S.C.A. § 300gg-91 this product is considered an excepted benefit under subparagraph (c)(3)(B) of that section because it is an independent fixed indemnity insurance product which does not coordinate benefits that provides a limited benefit directly to a claimant on a reimbursement basis. Payment is made at the amount shown in the schedule or the providers charge if less.

A "black-lined" copy and a clean copy of the above forms are attached. In the "black-lined" copy:

- Provisions and text that have been deleted are struck through;
- New, changed or additional text is underlined in red; and
- Optional wording or provisions are bracketed and preceded by "Option" highlighted in braces.

The clean copy contains clear text with Optional wording or provisions are bracketed and preceded by "Option" highlighted in braces.

**Mailing Address**  
PO Box 535061  
Pittsburgh, PA 15253-5061

**Overnight Deliveries**  
Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

www.hminsurancgroup.com

**Telephone**  
412-544-1000  
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

LHP-185 (R12-07)



A HIGHMARK COMPANY

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

In order to accommodate our policyholders' specific needs, we request that these forms be approved as variable on a general-use basis.

The attached forms are submitted in final printed form in 10-point type on 8 1/2 by 11 pages. We may issue the certificate in a booklet format, or in a foreign language, based on a direct translation of the filed wording upon request.

Variable provisions and limits are bracketed in the text of the forms; such provisions and limits include:

1. Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
2. Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
3. Benefit provision variations – where alternate provisions are available; each variation is bracketed and shown in the enclosed policy forms.

An asterisk within a bracket is used to designate the name of the policyholder, policy issue date, name of the policyholder, anniversary date, name of an affiliate, a location, a date, etc.

Ranges that apply to specific benefits are shown as a percentage or number as applicable within the bracket; both the high and low end is shown. All exclusions and limitations may be included or deleted in their entirety. Definitions that do not apply to the benefit description may be deleted in their entirety.

If included, there is not formulary associated with the prescription drug benefits – any prescribed drug is eligible for reimbursement.

Common terms within the form may be substituted with similar terms, for example:

1. Association, union, or similar term may be substituted for employer provided benefits are provided on a group basis in a manner that precludes individual selection.
2. Member or associate may be substitute for employee provided a relationship similar to one of employee to employer is maintained.

Eligibility and service waiting periods, if any, are generally determined by the employer making the definitions and/or any waiting period associated with a person's eligibility are subject to change in accordance with the employer's personnel practices. We will not agree to a request that is not applied consistently to all employees within a given class.

Additional variations not shown in the enclosed forms may be agreed upon as a result of negotiations between HM Life and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and

**Mailing Address**

PO Box 535061  
Pittsburgh, PA 15253-5061

**Overnight Deliveries**

Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

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**Telephone**

412-544-1000  
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.



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HM Life Insurance  
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HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.

HM Life will market this product to employers through licensed agents, brokers, and other producers appointed by HM Life. We do not make the offer, sale, or renewal of this product contingent upon the purchase of any other insurance product.

HM Life's domicile state is Pennsylvania. This form is exempt from filing in Pennsylvania pursuant to Pennsylvania Bulletin, 26 Pa.B. 1453.

The forms contain no unusual or controversial items, according to normal company and industry standards. To the best of my knowledge, the forms comply with all of your applicable statutes.

Should you have any questions or concerns, please do not hesitate to contact me. I may be reached directly at the left-side address, as well as via telephone at 412-544-XXXX, via fax at 412-544-1138, or via e-mail at [xxxx@hminsurancegroup.com](mailto:xxxx@hminsurancegroup.com).

Thank you for your time and attention to this matter.

Sincerely,

**JENNIFER L. BAYICH, ESQ.**  
Compliance Analyst III

***Attachments***

**Mailing Address**

PO Box 535061  
Pittsburgh, PA 15253-5061

**Overnight Deliveries**

Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

[www.hminsurancegroup.com](http://www.hminsurancegroup.com)

**Telephone**

412-544-1000  
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

LHP-185 (R12-07)







HM Life Insurance Company  
120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

**GROUP INDEMNITY MEDICAL INSURANCE POLICY**  
**NON-PARTICIPATING**

**THIS POLICY PROVIDES GROUP INDEMNITY MEDICAL INSURANCE. IT DOES NOT  
PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.**

---

<b>POLICYHOLDER:</b>	<b>[*]</b>
<b>GROUP POLICY NUMBER:</b>	<b>[*]</b>
<b>POLICY EFFECTIVE DATE:</b>	<b>[*]</b>
<b>POLICY ISSUE DATE:</b>	<b>[*]</b>
<b>POLICY ANNIVERSARY DATE:</b>	<b>[*]</b>
<b>STATE OF ISSUE:</b>	<b>[*]</b>

**HM Life Insurance Company**, herein called the Company or We, Us or Our, in consideration of the Application for this Group Policy and the timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible employees and their eligible dependents under this Policy.

This Policy is intended to be read in its entirety. We agree to provide Medical Indemnity Insurance Benefits described in this Policy and the attached Certificates in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown above as long as [10] eligible employees are insured under the Policy on that date.

This Policy and the Certificate describes the terms and conditions of insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of this Policy's and the attached Certificates provisions carefully.

This Policy # goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Policy. We and the Policyholder agree to all of the terms of this Policy.

~~IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.~~

President

Secretary

**~~• GROUP INDEMNITY MEDICAL INSURANCE POLICY • NON-PARTICIPATING~~**

**~~THIS POLICY PROVIDES GROUP INDEMNITY MEDICAL INSURANCE. IT DOES NOT  
PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.~~**

**~~TABLE OF CONTENTS~~**

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**~~SCHEDULE OF AFFILIATES~~**

The following affiliates are covered under this Policy on the effective dates listed below. A newly-acquired affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [180] days of its acquisition and pays the required premium. If we are not notified within the required time period, the affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

<b>Affiliate Name</b>	<b>Location</b>	<b>Effective Date</b>
[*]	[*]	[*]

[or] [none on the Policy Effective Date]

**~~SCHEDULE OF BENEFITS~~**

~~This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.~~

**~~Minimum Participation Requirement:~~** ~~\_\_\_\_\_~~ [10% to 100%] of all Eligible Persons

**~~Eligible Persons:~~** ~~An Eligible Person is an individual who [include when there is more than one class of Eligible Persons] meets all of the requirements of one of the Covered Classes shown below [is [a full-time employee of the Policyholder who works at least [15] hours per week.]]~~

~~\_\_\_\_\_ [Class 1] \_\_\_\_\_ All employees of the Policyholder who are officers~~

~~Class 2 All employees of the Policyholder who are managers or supervisors~~

~~Class 3 All other employees of the Policyholder}~~

### **Eligibility Waiting Period**

~~The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.~~

~~For Employees hired [[31 days] or more] before [No Waiting Period] the Policy Effective Date:  
For Employees hired [less than [31 days] before, [No Waiting Period; 31 days]] or] after the Policy Effective Date:~~

### **MEDICAL INDEMNITY BENEFITS**

~~This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by this Policy. Please read the *Description of Benefits* section for full details.~~

~~[Maximum Benefit – Lifetime] [ \$5,000-\$150,000 per Covered Person]~~

~~[Maximum Benefit – Calendar Year] [ \$5,000-\$150,000 per Covered Person]~~

#### **Covered Expense Benefit Amount**

##### **~~In-Patient Hospital Services~~**

~~Maximum Daily In-Hospital Benefit [ \$100-\$2,000]  
Maximum Days per Calendar Year [20-365]~~

~~[Additional Daily Benefit for the first day  
of Hospital confinement (limited to [1-2]  
admissions per Calendar Year)] [ \$100-\$2,000]~~

~~[Daily ICU, CCU, NICU or PICU Benefit] [ \$100-\$4,000]  
[Maximum Days per Calendar Year] [1-90]~~

~~[Mental / Nervous Conditions Benefit] [50% of the Daily In-Hospital Benefit]  
[Maximum Days per Calendar Year] [10-30]~~

~~[Substance Abuse Benefit] [50% of the Daily In-Hospital Benefit]  
[Maximum Days per Calendar Year] [10-30]~~

##### **~~Out-Patient Hospital Services~~**

~~Daily Out-Patient Treatments [ \$25-\$500]~~

~~Maximum Days per Calendar Year [1-8]~~

##### **~~Out-Patient Diagnostic Testing Benefit~~**

~~Daily Out-Patient Tests [ \$25-\$500]~~

~~Maximum per Calendar Year [1-8]~~

<b><del>Hospital Emergency Room Benefit</del></b>	
<del>Benefit Amount per Visit</del>	<del>[\$100 - \$500]</del>
<del>Maximum Visits per Calendar Year for Covered Accidents</del>	<del>[1-5]</del>
<del>Maximum Visits per Calendar Year for Covered Sickness</del>	<del>[1-5]</del>

**[Physician Services]**

<b><del>Surgery Benefit</del></b>	<del>[See Schedule of Surgical Procedures]</del>
<del>Maximum Benefit per Procedure</del>	<del>[\$500 - \$7,500 in \$250 increments]</del>
<del>[Maximum Procedures per [Calendar [Plan] [Benefit] Year] [*]</del>	<del>[1-5] [Unlimited]</del>

~~[\* Exceptions apply - See Schedule of  
Excepted Procedures]~~

<del><b>[Anesthesia Benefit]</b></del>	<del>[20% of the Surgery Benefit]</del>
--	---

<del><b>[Inpatient Visits]</b></del>	
<del>Benefit per Visit</del>	<del>[\$30 - \$100]</del>
<del>[Maximum Number of Visits per Calendar Year (Limited to 1 visit per day)]</del>	<del>[1-6]</del>

<del><b>[Office Visits]</b></del>	
<del>Maximum Benefit per Visit]</del>	<del>[\$30-\$100]</del>
<del>[Maximum Number of Visits per Calendar year]</del>	<del>[1-15]</del>

<del><b>[Outpatient Prescription Drug Benefit]</b></del>	
<del>[Generic Drugs Benefit]</del>	<del>[\$2-\$20]</del>
<del>[Maximum generic prescriptions per Calendar year]</del>	<del>[1-24]</del>
<del>[Brand Drugs Benefit]</del>	<del>[\$2-\$30]</del>
<del>[Maximum brand prescriptions per Calendar year]</del>	<del>[1-24]</del>

<del><b>[Home Health Care Benefit]</b></del>	
<del>[Benefit per day]</del>	<del>[\$20-\$50]</del>
<del>[Maximum number of days per Calendar Year]</del>	<del>[5-75]</del>

<del><b>[Ambulance Service]</b></del>	
<del>Benefit per Trip</del>	<del>[\$75-\$300]</del>
<del>Maximum Number of Trips per Calendar year]</del>	<del>[1-3]</del>

<del><b>[Wellness Service Benefit]</b></del>	
<del>[Benefit per Service]</del>	<del>[\$25-\$100]</del>
<del>[Maximum Services] per Calendar Year</del>	<del>[1-3]</del>

**[Wellness Screening Test Benefit]**

— [Benefit per [Test] [Day]] ————— [\$20-\$150]  
— [Maximum [Tests] [Days]]  
— per Calendar Year ————— [1-3]

**Rates and Premiums**

— **Mode of Premium Payment** ————— [Monthly]  
—  
— **Premium Due Dates** ————— Policy Effective Date and the first day of each  
— month thereafter  
  
— **Contributions** ————— The [entire] cost of this insurance is paid by —  
— [the] [Policyholder] [and] [Covered Persons].

**GENERAL DEFINITIONS**

Please note that certain words used in this Policy have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Policy have the meanings set forth below.

**Active Service** means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer approved paid leave of absence; only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

**Ambulance Service** means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

**Appropriate Treatment** means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.

**Company** or **we, us, our**, means ~~HM Life Insurance Company, domiciled in Pennsylvania.~~

**Covered Accident** means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

- ~~1. occurs while the Covered Employee is insured under this Policy or is not subject to the Pre-Existing Condition Limitation;~~
- ~~2. treatment must be rendered within 72 hours of such Covered Accident;~~
- ~~3. is not contributed to by disease, sickness, or mental or bodily infirmity; and~~
- ~~4. is not otherwise excluded under the terms of this Policy.~~

**Covered Employee** means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Policy remains in force.

**Covered Expenses** means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Policy. Covered Expenses must be incurred by a Covered Person for appropriate treatment for injuries sustained in a Covered Accident or for a Covered Sickness.

**Covered Person** means a Covered Employee, an eligible spouse and eligible dependent children who are insured under this Policy.

**Covered Sickness** means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

- ~~1. is first manifested while the Covered Person is insured under this Policy or is not subject to the Pre-Existing Condition Limitation; and~~
- ~~2. is not otherwise excluded under the terms of this Policy~~

~~A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.~~

**Eligible Dependent** means the Covered Employee's:

- ~~1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and~~
- ~~2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
  - ~~a. is less than [19] years old; or~~
  - ~~b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]~~
  - ~~c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25];~~
  - ~~d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or~~
  - ~~e. is required to be provided coverage by the Insured or His spouse under the terms of a~~~~

- ~~— Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a~~
- ~~— judgment, decree or order issued by a court of competent jurisdiction or through an~~
- ~~— administrative process established under, and having the force and effect of, state law~~
- ~~— and which satisfies the QMCSO requirements of ERISA (section 609[a]).~~

**Eligible Person** means an individual as defined in the *Schedule of Benefits*.

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

- ~~1. Complete and sign our health and medical history form.~~
- ~~2. Sign our form authorizing us to obtain information about his health and other insurance coverage.~~
- ~~3. Provide any additional reasonable information about his insurability that we request.~~
- ~~4. Undergo a physical examination and testing at our request.]~~

**He, him or his** means an individual, male or female.

**Hospital** means an institution that meets all of the following:

- ~~1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;~~
- ~~2. it is managed under the supervision of a staff of legally licensed physicians;~~
- ~~3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);~~
- ~~4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;~~
- ~~5. it charges for its services.~~

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

- ~~1. rehabilitation, convalescent or custodial care;~~
- ~~2. the aged; or~~
- ~~3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.~~

**Hospital Stay** means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

**Incurred or Incurs** means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

**In-Patient** means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient"

~~shall mean [a Covered Person] who is required to be confined for a period of at least a full day or twenty-four (24) continuous hours as determined by the Hospital.~~

**~~Medically Necessary~~** means a service, supply or treatment provided for diagnosis and treatment which is:

- ~~1. Ordered by a physician;~~
- ~~2. Required for treatment or management of a medical condition or symptom;~~
- ~~3. Provided in accordance with approved and generally accepted medical and surgical practice.~~

**~~Out-Patient~~** means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

**~~Physician~~** means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

- ~~1. employed or retained by the Policyholder; or~~
- ~~2. living in the Covered Person's household; or~~
- ~~3. a parent, sibling, spouse or child of the Covered Person.~~

**~~Policyholder~~** means the entity shown on the cover page of this policy.

**~~[Pre-Existing Condition]~~** means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person received a diagnosis, medical advice, care or treatment during the 6-month period immediately preceding his effective date of coverage. A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

~~Benefits for Appropriate Care of a Pre-Existing Condition may be limited. Please read the Description of Medical Indemnity Benefits section for any applicable limitations.]~~

## **~~ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS~~**

### **~~Policy Effective Date~~**

~~We agree to provide Medical Indemnity Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the Schedule of Benefits has been satisfied.~~

### **Effective Date for Newly-Acquired Affiliates**

Insurance becomes effective for any newly-acquired affiliate of the Policyholder on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the affiliate will be come effective on first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are employees of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.



## **Eligibility**

~~An employee becomes eligible for insurance under this Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.~~

~~No person may be eligible for insurance under this Policy as both an Employee and a spouse or dependent child at the same time.~~

~~[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]~~

~~[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;~~

~~1. both will be insured as Covered Employees when a Covered Employee is not required — to contribute to the cost of his insurance; and~~

~~2. both may be insured as Covered Employees or one may elect to insure the other as an — Eligible Dependent when a Covered Employee is required to contribute to the cost — of his — insurance.~~

~~If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;~~

~~1. both [will] [may] be insured as Covered Employees and dependent coverage will be — provided via only the parent whose birthday occurs first during a calendar year, when a — Covered Employee is not required to contribute to the cost of his dependents' insurance; and~~

~~2. both may be insured as Covered Employees but only one may elect dependent — coverage to insure dependent children, when a Covered Employee is required to — contribute to the cost of his dependents' insurance.]~~

~~[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]~~

~~Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:~~

~~1. the effective date of this Certificate;~~

~~2. first of the month following the date the employee becomes eligible;~~

~~3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.~~

~~Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:~~

~~1. the effective date of this Certificate;~~

~~2. first of the month following the date the employee becomes eligible;~~

~~[3.] [first of the month following the date the employee's insurance becomes effective];;~~

~~[4.] first of the month following the date the dependent meets the definition of spouse or  
— dependent child, as applicable;~~

~~[5.] first of the month following the date We receive a completed enrollment form for — [such  
person's] [spouse and dependent child] coverage and the required first premium, — during [such]  
[each] dependent's lifetime.~~

~~Insurance becomes effective for a newborn dependent child automatically from the moment of the  
child's live birth. Insurance for that dependent child automatically ends 31 days later unless [the  
Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes]  
a request [is made] to cover the child and [pays] the required initial premium [is paid], during the  
child's lifetime.~~

### **Deferred Effective Date**

~~The effective date of insurance will be deferred for any employee who is not in Active Service on  
first of the month following the date he would otherwise have become an Eligible Person.  
Coverage will become effective on the later of first of the month following the date he returns to  
Active Service and first of the month following the date coverage would otherwise have become  
effective.~~

### **Late Enrollee**

~~An Eligible Person will be considered a late enrollee if he does not apply for insurance under this  
Policy within 31 days of first of the month following the date he is first eligible.~~

~~[Coverage for any late enrollee will become effective on the first of the month following the date  
he completes a [90-day] late enrollee waiting period and submits the required premium.]~~

~~[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first  
eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late  
enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next  
following] the date we approve the Covered Person's Evidence of Insurability.]~~

### **Effective Date of Changes**

~~Any increase or decrease in the amount of insurance for the Covered Person resulting from a  
change in benefits provided by this Policy or a change in the Employee's Covered Class will take  
effect on first of the month following the date of such change. Increases will take effect subject to  
any Active Service requirement.~~

### **Termination of Insurance**

~~Please read the *Continuation Provisions* section of this Policy for information on continuation after  
eligibility for coverage would otherwise end.~~

~~The insurance on a Covered Person will end on the earliest date below:~~

~~1. first of the month following the date this Policy or insurance for a Covered Class is  
terminated;~~

- ~~2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;~~
- ~~3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]~~
- ~~4. the last day of the last period for which premium is paid;~~
- ~~5. the end of any period of continuation, as provided in the *Continuation Provisions*; and~~
- ~~6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.~~

~~Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.~~

### **Continuation Provisions**

~~Continuation may be available after the termination of this insurance subject to the Policyholder's personnel practices now in effect or hereafter amended.~~

### **CLAIM PROVISIONS**

#### **Notice of Claim**

~~Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, policy and Policy Number.~~

#### **Claim Forms**

~~We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.~~

#### **Claimant Cooperation Provision**

~~Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.~~

#### **Proof of Loss**

~~Written or authorized [written] [electronic] proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. [If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.~~

~~If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, [written] [or] [authorized electronic] proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.~~

### **Time of Payment of Claims**

~~We will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.~~

### **Payment of Claims**

~~All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to His estate.~~

~~[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]~~

### **Claim Administration**

~~For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.~~

~~We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this policy.~~

~~We may contract with another entity to perform this function on our behalf.~~

### **Payment of Claims to Foreign Employees**

~~The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered Employees whose place of employment is other than:~~

- ~~1. the United States and its possessions; or~~
- ~~2. the Dominion of Canada.~~

~~We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for those payments under this Policy.~~

### **Physical Examination and Autopsy**

~~We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.~~

## **Legal Actions**

~~No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.~~

## **Recovery of Overpayment**

~~If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods:~~

- ~~1. A request for lump sum payment of the overpaid amount.~~
- ~~2. A reduction of any amounts payable under this Policy.~~

~~If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.~~

## **ADMINISTRATIVE PROVISIONS**

### **Cancellation**

We or the Policyholder may cancel this Policy, after the first year as of any Premium Due Date, by giving the other party [31] days advance written notice.

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

### **Grace Period**

A Policy Grace Period of [31] days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the Policyholder at least [90] days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to us for any unpaid premium for the time this Policy was in force.

An Individual Grace Period of [31] days, applicable when a Covered Person remains eligible under this Policy under the *Continuation Provisions*, will be granted for payment of required premiums. A Covered Person's insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the Grace Period by the amount of premium due.

If no such claims are incurred and premium is not paid during the Grace Period, insurance will end on the last day of the period for which premiums were paid.

## Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

## Premium Payment

The total premium for this Policy is the sum of premiums paid:

1. by the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under one of the *Continuation Provisions* of this Policy.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

## Changes in Premium Rates

We may change the premium rates from time to time with at least [60] days advance written notice to the Policyholder. No change in rates will be made until [12] months after the Policy Effective Date. An increase in rates will not be made more often than once in a [12]-month period. However, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons eligible for coverage increases or decreases by more than [10]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. less than [10] Employees eligible for coverage are insured under this Policy;
4. coverage is reinstated following failure to pay premium during the Grace Period;
5. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10]% or more the number of eligible individuals;
6. a change in the number of eligible individuals which would, on a manual rate basis, require a change of [10]% or more in the premium rate;
7. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or
8. the Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

## Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

## [Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.]

## Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

## Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

## GENERAL PROVISIONS

### Entire Contract; Changes

This Policy and the Certificate of Insurance, including the [application], endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

### Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

### Certificates

Where required by law, we will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

### ~~[10 Day Right To Examine Certificate~~

~~If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]~~

## Assignment

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

## Incontestability

### ~~1. Of This Policy~~

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

### ~~2. Of A Covered Person's Insurance~~

~~— All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.~~

~~After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.~~

## Reporting Requirements

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

## Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.



## Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

## Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

## Incorporation

The provisions of the attached Certificates, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF HM Life Insurance Company has caused this  
Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

## ~~DESCRIPTION OF INDEMNITY MEDICAL BENEFITS~~

~~This Section describes the Medical Indemnity Benefits provided by this Policy. Benefit amounts and any applicable benefit specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.~~

## ~~MEDICAL EXPENSE BENEFITS~~

~~We will pay benefits shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of an injury sustained in a Covered Accident or for Appropriate Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis.~~

## ~~Covered Expenses:~~

### ~~In-Patient Hospital Services~~

~~If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay the benefit amount shown in the *Schedule of Benefits*. Payment will be for each day of Confinement, up to the Maximum Number of Days per calendar year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.~~

~~Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per calendar year, as shown in the Schedule of Benefits for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the Schedule of Benefits for the Daily In-Hospital Benefit.~~

~~The Maximum Days shown in the Schedule of Benefits applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per calendar year, including treatment of mental / nervous disorders or substance abuse treatment.~~

~~Miscellaneous Hospital. We will pay miscellaneous expenses charged by a Hospital, as part of the Daily In-Hospital Benefit shown in the Schedule of Benefits for each day of a Hospital Stay.~~

~~Such expenses include but are not limited to X-ray, laboratory and pre-admission tests and all charges other than room and board.~~

~~No benefit will be paid for any period the Covered Person is not confined to a Hospital as an inpatient during a Hospital Stay.~~

### **Outpatient Hospital Services**

~~We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the Schedule of Benefits, for each day a Covered Person receives Appropriate Treatment for an injury sustained in a Covered Accident, or for Appropriate Treatment of a Covered Sickness, provided when He is an Outpatient.~~

### **Outpatient Diagnostic Testing Services**

~~We will pay the benefit as shown in the Schedule of Benefits when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per Calendar Year shown in the Schedule of Benefits.~~

### **Emergency Room Treatment**

~~We will pay a Hospital Emergency Room Benefit for Appropriate Treatment provided in an outpatient emergency room of a Hospital or licensed facility, for the maximum amount and number of visits annually, as shown in the Schedule of Benefits.~~

### **[Physician Services**

~~Surgery — If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the Schedule of Benefits.~~

~~A list of common procedures and the maximum amount for each is shown in the Schedule of Surgical Procedures~~

~~If two or more procedures are performed through the same incision or operative site, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.~~

~~With respect to a surgical procedure not listed in the Surgical Schedule of Procedures, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the Schedule of Surgical Procedures.~~

~~[Anesthesia — We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.]~~

~~[In-Patient Hospital Visits — We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, for the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]~~

~~[Office Visits — We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit. The total amount paid under this benefit will not exceed the Maximum Number of Office Visits per Calendar Year or the Maximum Benefit shown in the *Schedule of Benefits*.]~~

### **~~[Out-Patient Prescription Drugs~~**

~~We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).~~

~~The benefit amount for each prescription drug will equal the Outpatient Prescription Drug Benefit. These amounts and the maximum number of prescription benefits payable per calendar year are shown in the *Schedule of Benefits*.~~

### **~~[Home Health Care~~**

~~We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:~~

- ~~1. part-time nursing care provided or supervised by a registered graduate nurse;~~
- ~~2. part-time Home Health Aide service which consists of caring for the patient;~~
- ~~3. physical, speech and occupational therapies when indicated in conjunction with the Covered — Person' approved by his Physician;~~
- ~~4. nutritional counseling; and~~
- ~~5. medical social services by a qualified social worker licensed by the jurisdiction in which — services are rendered.]~~

### **~~[Ambulance Services~~**

~~Benefits are payable for Medically Necessary professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Covered Person's Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown. Air transportation is payable only if Medically Necessary and to the nearest facility equipped to handle the Covered Person's Covered Accident or Covered Sickness.~~

~~We will pay Covered Expenses Incurred for Ambulance Service as shown in the *Schedule of Benefits*.]~~

### **~~[Wellness Service Benefit~~**

~~We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, for the maximum amount and number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.]~~

### **~~[Wellness Screening Test Benefit~~**

~~We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, for the maximum amount and number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscopy or Bone Density.]~~

### **~~[Limitation for Pre-Existing Conditions~~**

~~We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;~~

- ~~1. if he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or~~
- ~~2. if he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]~~

### **~~Excluded Expenses~~**

~~The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Policy:~~

- ~~1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;~~
- ~~2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof~~

~~— This exclusion does not apply to:~~

- ~~— a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;~~
  - ~~— b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;~~
  - ~~— c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;~~
  - ~~— d. with respect to a mastectomy:~~
    - ~~— i. all stages of reconstruction of the breast on which the mastectomy has been performed;~~
    - ~~— ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and~~
    - ~~— iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;~~
- ~~3. examinations needed for employment, obtaining insurance or travel;~~
  - ~~4. voluntary abortion, unless:~~

- ~~a. the life of the mother would be endangered if the fetus were carried to term; or~~
  - ~~b. medical complications have arisen from an abortion;~~
- ~~5. sex change procedures;~~
- ~~6. experimental services or treatments;~~
- ~~7. reversal of sterilizations;~~
- ~~8. diagnosis and treatment of infertility;~~
- ~~9. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;~~
- ~~10. routine eye examinations or fitting of glasses or contact lenses;~~
- ~~11. hearing examinations or fitting of hearing aids;~~
- ~~12. dental examinations or dental care other than expenses resulting from a Covered Accident;~~
- ~~13. smoking cessation;~~
- ~~14. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or — Sickness, unless as a result of a medical condition or an act of domestic violence;~~
- ~~15. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, — unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope — of authority;~~
- ~~16. committing, attempting to commit, or taking part in a felony or assault;~~
- ~~17. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee — jumping, mountain climbing, spelunking or hang gliding;~~
- ~~18. air travel, except:~~
  - ~~a. as a fare-paying passenger on a commercial airline on a regularly scheduled route~~
  - ~~b. on a charter flight operated by a scheduled airline; or~~
  - ~~c. as a passenger for transportation only and not as a pilot or crew member;~~
- ~~19. the Covered Person being legally intoxicated as determined according to the laws of the — jurisdiction in which a Covered Accident occurred;~~
- ~~20. any treatment for an accident or sickness resulting from the use of a controlled substance by — a Covered Person that is not provided by or at the direction of a Physician;~~
- ~~2. an act of war, whether declared or undeclared, or while performing police duty as member of — any military or naval organization. This exclusion includes a Covered Accident occurring or — Sickness contracted while in the service of any military, naval or air force of any country — engaged in war (the Company will refund the pro rata unearned premium for any such — period the Covered Person is not covered);~~
- ~~22. an accident or sickness arising out of and in the course of any occupation for compensation, — wage or profit or expenses which are payable under Workers' Compensation, Occupational — Disease or similar law, whether or not application for such benefits has been made;~~

- ~~23. any treatment received or expenses incurred during a period of time that insurance for a  
— Covered Person is not in force;~~
- ~~24. any treatment received or expenses incurred after this Policy has terminated;~~
- ~~25. any service, supply or treatment that is not provided by or at the direction of a Physician, or is  
— inconsistent with standards of medical practice for the applicable condition;~~
- ~~26. treatment of any accident or sickness outside the United States or Canada;~~
- ~~27. services, supplies or treatment not considered Medically Necessary even if ordered by a  
— Physician;~~
- ~~28. transportation except as provided for in Ambulance Services;~~
- ~~29. benefits for services or treatment rendered by any person who is:~~
- ~~a. employed or retained by the Policyholder;~~
  - ~~b. living in the Covered Person's household;~~
  - ~~c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or~~
  - ~~d. a Covered Person treating himself; or~~
- ~~[30. the treatment of:~~
- ~~a. mental illness;~~
  - ~~b. functional or organic nervous disorder, regardless of cause;~~
  - ~~c. alcohol abuse;~~
  - ~~d. drug use, unless such drugs were taken on the advice of a Physician and taken as  
prescribed.]~~

**~~SCHEDULE OF SURGICAL PROCEDURES [— \$500 Maximum]~~**

**~~CPT-4~~**

<b><del>Codes</del></b>	<b><del>Description</del></b>	<b><del>Amount</del></b>
<del>[10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$7</del>
<del>10061</del>	<del>I&amp;D of Abscess, Complex</del>	<del>\$16</del>
<del>19000</del>	<del>Puncture Aspiration of cyst of Breast</del>	<del>\$8</del>
<del>19120</del>	<del>Removal of Breast Lesion</del>	<del>\$46</del>
<del>19180</del>	<del>Mastectomy, Simple</del>	<del>\$77</del>
<del>19240</del>	<del>Removal of Breast</del>	<del>\$115</del>
<del>20550</del>	<del>Injection; Single Tendon Sheath or Ligament</del>	<del>\$6</del>
<del>20600</del>	<del>Drain/Inject Joint/Bursa</del>	<del>\$6</del>
<del>20605</del>	<del>Drain/Inject Joint/Bursa</del>	<del>\$6</del>
<del>22554</del>	<del>Neck Spine Fusion</del>	<del>\$250</del>
<del>23500</del>	<del>Closed tx, clavicle fracture</del>	<del>\$19</del>
<del>25560</del>	<del>Closed tx, radius fracture</del>	<del>\$36</del>
<del>27230</del>	<del>Closed tx, femur fracture.</del>	<del>\$55</del>
<del>27816</del>	<del>Closed tx, ankle fracture</del>	<del>\$39</del>
<del>28415</del>	<del>Closed tx, humerus fracture</del>	<del>\$122</del>

29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16
36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106
58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68

58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$234
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$74
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$111

**SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$24</del>
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$234
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18



22554	Neck-Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108
27230	Closed tx, femur fracture	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213
49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174

58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279
58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279
66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

**SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32

19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock-wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272

57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

**SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$42</del>
<del>10061</del>	<del>I&amp;D of Abscess, Complex</del>	<del>\$96</del>
<del>19000</del>	<del>Puncture Aspiration of cyst of Breast</del>	<del>\$48</del>
<del>19120</del>	<del>Removal of Breast Lesion</del>	<del>\$276</del>
<del>19180</del>	<del>Mastectomy, Simple</del>	<del>\$462</del>
<del>19240</del>	<del>Removal of Breast</del>	<del>\$690</del>
<del>20550</del>	<del>Injection; Single Tendon Sheath or Ligament</del>	<del>\$36</del>
<del>20600</del>	<del>Drain/Inject Joint/Bursa</del>	<del>\$36</del>
<del>20605</del>	<del>Drain/Inject Joint/Bursa</del>	<del>\$36</del>
<del>22554</del>	<del>Neck Spine Fusion</del>	<del>\$1,500</del>
<del>23500</del>	<del>Closed tx, clavicle fracture</del>	<del>\$114</del>
<del>25560</del>	<del>Closed tx, radius fracture</del>	<del>\$216</del>
<del>27230</del>	<del>Closed tx, femur fracture</del>	<del>\$330</del>
<del>27816</del>	<del>Closed tx, ankle fracture</del>	<del>\$234</del>
<del>28415</del>	<del>Closed tx, humerus fracture</del>	<del>\$732</del>
<del>29580</del>	<del>Application of Paste Boot</del>	<del>\$30</del>
<del>35301</del>	<del>Re-channeling of Artery</del>	<del>\$1,098</del>
<del>36415</del>	<del>Drawing blood</del>	<del>\$6</del>
<del>36489</del>	<del>Insertion of Catheter, Vein</del>	<del>\$96</del>
<del>36533</del>	<del>Insertion of Access Port</del>	<del>\$354</del>
<del>38562</del>	<del>Removal, Pelvic Lymph Nodes</del>	<del>\$732</del>
<del>38770</del>	<del>Remove Pelvis Lymph Nodes</del>	<del>\$888</del>
<del>38780</del>	<del>Remove Abdomen Lymph Nodes</del>	<del>\$1,464</del>
<del>44005</del>	<del>Freeing of Bowel Adhesion</del>	<del>\$594</del>
<del>44140</del>	<del>Partial Removal of Colon</del>	<del>\$852</del>
<del>44950</del>	<del>Appendectomy</del>	<del>\$432</del>
<del>44970</del>	<del>Laparoscopy surgical appendectomy</del>	<del>\$432</del>
<del>45378</del>	<del>Diagnostic Colonoscopy</del>	<del>\$252</del>
<del>45560</del>	<del>Repair of Rectocele</del>	<del>\$282</del>
<del>46255</del>	<del>Hemorrhoidectomy, internal and external</del>	<del>\$336</del>
<del>47600</del>	<del>Cholecystectomy</del>	<del>\$780</del>
<del>49000</del>	<del>Exploration of Abdomen</del>	<del>\$522</del>
<del>49320</del>	<del>Laparoscopy, diagnostic</del>	<del>\$372</del>
<del>49505</del>	<del>Repair Inguinal Hernia</del>	<del>\$426</del>

49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock-wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558

66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

**SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>110060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$56</del>
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336

45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584



63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

**SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$70</del>
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60
22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480

38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530

59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

**SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$84</del>
10061	I&D of Abscess, Complex	\$192
19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60

35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816

59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216
68761	Close Tear Duct Opening	\$132]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$98</del>
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500

23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064

58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

**SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]**

<b>GPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736

19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696



57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
<del>10060</del>	<del>I&amp;D of Abscess, Simple</del>	<del>\$140</del>
<del>10061</del>	<del>I&amp;D of Abscess, Complex</del>	<del>\$320</del>
<del>19000</del>	<del>Puncture Aspiration of cyst of Breast</del>	<del>\$160</del>
<del>19120</del>	<del>Removal of Breast Lesion</del>	<del>\$920</del>
<del>19180</del>	<del>Mastectomy, Simple</del>	<del>\$1,540</del>
<del>19240</del>	<del>Removal of Breast</del>	<del>\$2,300</del>
<del>20550</del>	<del>Injection; Single Tendon Sheath or Ligament</del>	<del>\$120</del>
<del>20600</del>	<del>Drain/Inject Joint/Bursa</del>	<del>\$120</del>
<del>20605</del>	<del>Drain/Inject Joint/Bursa</del>	<del>\$120</del>
<del>22554</del>	<del>Neck Spine Fusion</del>	<del>\$5,000</del>
<del>23500</del>	<del>Closed tx, clavicle fracture</del>	<del>\$380</del>
<del>25560</del>	<del>Closed tx, radius fracture</del>	<del>\$720</del>
<del>27230</del>	<del>Closed tx, femur fracture-</del>	<del>\$1,100</del>
<del>27816</del>	<del>Closed tx, ankle fracture</del>	<del>\$780</del>
<del>28415</del>	<del>Closed tx, humerus fracture</del>	<del>\$2,440</del>
<del>29580</del>	<del>Application of Paste Boot</del>	<del>\$100</del>
<del>35301</del>	<del>Re-channeling of Artery</del>	<del>\$3,660</del>
<del>36415</del>	<del>Drawing blood</del>	<del>\$20</del>
<del>36489</del>	<del>Insertion of Catheter, Vein</del>	<del>\$320</del>
<del>36533</del>	<del>Insertion of Access Port</del>	<del>\$1,180</del>
<del>38562</del>	<del>Removal, Pelvic Lymph Nodes</del>	<del>\$2,440</del>
<del>38770</del>	<del>Remove Pelvis Lymph Nodes</del>	<del>\$2,960</del>
<del>38780</del>	<del>Remove Abdomen Lymph Nodes</del>	<del>\$4,880</del>
<del>44005</del>	<del>Freeing of Bowel Adhesion</del>	<del>\$1,980</del>
<del>44140</del>	<del>Partial Removal of Colon</del>	<del>\$2,840</del>
<del>44950</del>	<del>Appendectomy</del>	<del>\$1,440</del>
<del>44970</del>	<del>Laparoscopy surgical appendectomy</del>	<del>\$1,440</del>
<del>45378</del>	<del>Diagnostic Colonoscopy</del>	<del>\$840</del>
<del>45560</del>	<del>Repair of Rectocele</del>	<del>\$940</del>
<del>46255</del>	<del>Hemorrhoidectomy, internal and external</del>	<del>\$1,120</del>
<del>47600</del>	<del>Cholecystectomy</del>	<del>\$2,600</del>
<del>49000</del>	<del>Exploration of Abdomen</del>	<del>\$1,740</del>
<del>49320</del>	<del>Laparoscopy, diagnostic</del>	<del>\$1,240</del>
<del>49505</del>	<del>Repair Inguinal Hernia</del>	<del>\$1,420</del>
<del>49560</del>	<del>Repair Abdominal Hernia</del>	<del>\$1,720</del>

50590	Lithotripsy, extracorporeal shock-wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only—w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery—with Postpartum Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100

66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

[ \$ 5,250 maximum] {

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562
29580	Application of Paste Boot	\$105
35301	Rechannelling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882
45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176

47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,494
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428
58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533
63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848

63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231}

[\$5,500 maximum] {

CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechannelling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368

44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584

61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242

**[\$5750 maximum] - {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$161
10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture	\$1,265
27816	Closed tx, ankle fracture	\$897
28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115



35301	Rechanneling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530
55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059
58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564

59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633
67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253}

**[\$6,000 maximum] {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144

22554	Neck-Spine-Fusion	\$6,000
23500	Closed-tx, clavicle fracture	\$456
25560	Closed-tx, radius fracture	\$864
27230	Closed-tx, femur fracture-	\$1,320
27816	Closed-tx, ankle fracture	\$936
28415	Closed-tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechanneling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120
49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock-wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392

58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264}

**[\$6,250 maximum] {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400

19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechanneling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475
44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000
52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150

57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925
61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325
67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900

67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275}

**[\$6,500 maximum] {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechannelling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262

49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872



65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286}

**[\$6,750 maximum] {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750
23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechannelling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588
44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834

44950	Appendectomy	\$1,944
44970	Laparoscopy surgical-appendectomy	\$1,944
45378	Diagnostic-Colonoscopy	\$1,134
45560	Repair-of-Rectocoele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration-of-Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock-wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair-Bladder & Vagina	\$1,836
57280	Suspension-of-Vagina	\$2,862
57282	Repair-of-Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension-of-Uterus	\$2,214
58600	Division-of-fallopian-tube	\$1,566
58700	Removal-of-fallopian-tube	\$2,052
58720	Removal-of-ovary/tube(s)	\$2,403
58740	Revise-Fallopian-Tube(s)	\$2,511
58750	Repair-Oviduct	\$4,104
58770	Create-New-Tubal-Opening	\$3,591
58925	Removal-of-ovarian-cyst(s)	\$1,836
58940	Removal-of-ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Gesarean-delivery	\$4,131
59851	Abortion	\$1,944
61154	Pierce-Skull, Remove-Clot	\$5,319
61312	Open-Skull-for-Drainage	\$6,750

62284	Injection for Myelogram	\$864
63030	Low-Back-Disk-Surgery	\$6,048
63035	Added Spinal-Disk-Surgery	\$1,974
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck-Spine-Disk-Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,594
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear-Duct Opening	\$297}

**[\$7,000 maximum] {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In-Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck-Spine-Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture-	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28

36489	<del>Insertion of Catheter, Vein</del>	\$448
36533	<del>Insertion of Access Port</del>	\$1,652
38562	<del>Removal, Pelvic Lymph Nodes</del>	\$3,416
38770	<del>Remove Pelvis Lymph Nodes</del>	\$4,144
38780	<del>Remove Abdomen Lymph Nodes</del>	\$6,832
44005	<del>Freeing of Bowel Adhesion</del>	\$2,772
44140	<del>Partial Removal of Colon</del>	\$3,976
44950	<del>Appendectomy</del>	\$2,016
44970	<del>Laparoscopy surgical appendectomy</del>	\$2,016
45378	<del>Diagnostic Colonoscopy</del>	\$1,176
45560	<del>Repair of Rectocele</del>	\$1,316
46255	<del>Hemorrhoidectomy, internal and external</del>	\$1,568
47600	<del>Cholecystectomy</del>	\$3,640
49000	<del>Exploration of Abdomen</del>	\$2,436
49320	<del>Laparoscopy, diagnostic</del>	\$1,736
49505	<del>Repair Inguinal Hernia</del>	\$1,988
49560	<del>Repair Abdominal Hernia</del>	\$2,408
50590	<del>Lithotripsy, extracorporeal shock wave</del>	\$4,648
51840	<del>Bladder repair/vesical neck</del>	\$3,360
52612	<del>TURP</del>	\$3,080
55810	<del>Prostatectomy, perineal radical</del>	\$5,768
57240	<del>Repair Bladder &amp; Vagina</del>	\$1,904
57280	<del>Suspension of Vagina</del>	\$2,968
57282	<del>Repair of Vaginal Prolapse</del>	\$2,968
58150	<del>Total Hysterectomy</del>	\$3,500
58260	<del>Vaginal Hysterectomy</del>	\$3,388
58400	<del>Suspension of Uterus</del>	\$2,296
58600	<del>Division of fallopian tube</del>	\$1,624
58700	<del>Removal of fallopian tube</del>	\$2,128
58720	<del>Removal of ovary/tube(s)</del>	\$2,492
58740	<del>Revise Fallopian Tube(s)</del>	\$2,604
58750	<del>Repair Oviduct</del>	\$4,256
58770	<del>Create New Tubal Opening</del>	\$3,724
58925	<del>Removal of ovarian cyst(s)</del>	\$1,904
58940	<del>Removal of ovary(s)</del>	\$1,904
59121	<del>Surgical treat of ectopic preg w/o salpingectomy</del>	\$2,660
59150	<del>Treat Ectopic Pregnancy</del>	\$2,660

59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308}

**[\$7,250 maximum] {**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	Puncture Aspiration of cyst of Breast	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174
22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551

25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechannelling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798
49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682
58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581

58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001
66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319}

[\$7,500 maximum] {

CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380

19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180



57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean-delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540

68761 Close Tear Duct Opening

\$300-

**[Schedule of Excepted Procedures] {**

<b>CPT Code</b>	<b>Description</b>
36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag; 2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surface
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Clot Bld Spec From Cmpl Impl Venous Access Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30240	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required
29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collect Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue
57160	Fit&Insrtn Pessary/Oth Intravag Support Device
69090	Ear Piercing

58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area; Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast
11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq }

## HM Life Insurance Company

**120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222**

**HM Life Insurance Company**, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



**President**

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<b>POLICYHOLDER:</b>	<b>[*]</b>
<b>GROUP POLICY NUMBER:</b>	<b>[*]</b>
<b>POLICY EFFECTIVE DATE:</b>	<b>[*]</b>
<b>CERTIFICATE EFFECTIVE DATE:</b>	<b>[*]</b>
<b>STATE OF ISSUE:</b>	<b>[*]</b>

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

### **PLEASE READ THIS CERTIFICATE CAREFULLY**

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

### **• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING**

**THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.**

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## **[SCHEDULE OF AFFILIATES]**

~~Employees of the following affiliates are eligible on the effective dates listed below. Individuals who are employed by a newly-acquired affiliate are eligible on the date it is acquired as long as the Policyholder notifies us within **[180]** days of its acquisition and pays the required premium. If we are not notified within the required time period, such individuals will be eligible on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.~~

~~**Affiliate Name** \_\_\_\_\_ **Location** \_\_\_\_\_ **Effective Date**~~

~~**[\*]** \_\_\_\_\_ **[\*]** \_\_\_\_\_ **[\*]**~~

~~[or] [none on the Policy Effective Date]~~

## **SCHEDULE OF BENEFITS**

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to the benefits provided by the Policy under this Certificate please read all the provisions carefully.

**Eligible Persons:** An Eligible Person is an individual who *[include when there is more than one class of Eligible Persons - meets all of the requirements of one of the Covered Classes shown below]* *[is a full-time employee of the Policyholder who works at least [15] hours per week.]]*

- |          |   |
|----------|---|
| [Class 1 | All employees of the Policyholder who are officers                |
| Class 2  | All employees of the Policyholder who are managers or supervisors |
| Class 3  | All other employees of the Policyholder]                          |

### **Eligibility Waiting Period**

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired *[[31 days] or more]* before *[No Waiting Period]* the Policy Effective Date:  
For Employees hired *[less than [31 days] before, [No Waiting Period; 31 days]]* or] after the Policy Effective Date:

## **MEDICAL INDEMNITY BENEFITS**

This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by the Policy under this Certificate. Please read the *Description of Benefits* section for full details.

~~**[Maximum Benefit – Lifetime]** \_\_\_\_\_ **[\$5,000-\$150,000 per Covered Person]**~~

~~**[Maximum Benefit – [Plan] Year]** \_\_\_\_\_ **[\$5,000-\$150,000 per Covered Person]**~~

Covered Expense	Benefit Amount
<b>In-Patient Hospital Services</b>	
Maximum Daily In-Hospital Benefit	[\$100-\$2,000]
Maximum Days per [Plan] Year	[20-365]
[Additional Daily Benefit for the first day of Hospital confinement (limited to [1-2] admissions per [Plan] Year)]	[\$100-\$2,000]
[Daily ICU, CCU, NICU or PICU Benefit]	[\$100-\$4,000]
[Maximum Days per [Plan] Year]	[1-90]
[Mental / Nervous Conditions Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
[Substance Abuse Benefit]	[50% of the Daily In-Hospital Benefit]
[Maximum Days per [Plan] Year]	[10-30]
<b>Out-Patient Hospital Services</b>	
Daily Out-Patient Treatments	[\$25-\$500]
Maximum Days per [Plan] Year	[1-8]
<b>Out-Patient Diagnostic Testing Benefit</b>	
Daily Out-Patient Tests	[\$25-\$500]
Maximum <u>Days</u> per [Plan] Year <u>(limited to one test per day )</u>	[1-8]
<b>Hospital Emergency Room Benefit</b>	
Benefit Amount per Visit	[\$100 - \$500]
Maximum Visits per [Plan] Year for Covered Accidents	[1-5]
Maximum Visits per [Plan] Year for Covered Sickness	[1-5]
<b>[Physician Services]</b>	
<b>[Surgery Benefit]</b>	
<del>Maximum Benefit per Procedure</del>	[See Schedule of Surgical Procedures]
<del>[Maximum Procedures per [Plan] Year][*]</del>	<del>[\$500 - \$7,500]</del>
<u>[* Exceptions apply – See Schedule of Excepted Procedures]</u>	
<b>[Anesthesia Benefit]</b>	
	[20% of the Surgery Benefit <u>payable for the procedure performed</u> ]
<b>[Inpatient Visits]</b>	
Benefit per Visit	[\$30 - \$100]
[Maximum Number of Visits per [Plan] Year (Limited to 1 visit per day)]	[1-6]
<b>[Office Visits]</b>	
Maximum Benefit per Visit]	[\$30-\$100]

[Maximum Number of Visits per [Plan] year]	[1-15]
<b>[Outpatient Prescription Drug Benefit]</b>	
[Generic Drugs Benefit]	[\$2-\$20]
[Maximum generic prescriptions per [Plan] year]	[1-24]
[Brand Drugs Benefit]	[\$2-\$30]
[Maximum brand prescriptions per [Plan] year]	[1-24]
<b>[Home Health Care Benefit]</b>	
[Benefit per day]	[\$20-\$50]
[Maximum number of days per [Plan] Year]	[5-75 ]
<b>[Ambulance Service]</b>	
Benefit per Trip	[\$75-\$300]
Maximum Number of Trips per [Plan] year]	[1-3]
<b>[Wellness Service Benefit]</b>	
[Benefit per Service]	[\$25-\$100]
[Maximum Services] per [Plan] Year	[1-3]
<b>[Wellness Screening Test Benefit]</b>	
[Benefit per [Test] [Day]	[\$20-\$150]
[Maximum [Tests] [Days] per [Plan] Year	[1-3]
<b>Contributions</b>	The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

## GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

**Active Service** means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of



injury sustained in a Covered Accident; or

3. totally disabled.

**Ambulance Service** means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

**Appropriate Treatment** means care, services or supplies, provided by or at the direction of a Physician ~~for a Covered Expense that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.~~

**Company or we, us or our** means HM Life Insurance Company, domiciled in Pennsylvania.

**Covered Accident** means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

**Covered Employee** means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

**Covered Expenses** means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for ~~Appropriate Treatment of a for injuries sustained in a~~ Covered Accident or ~~for a~~ Covered Sickness.

**Covered Person** means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

**Covered Sickness** means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

**Eligible Dependent** means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
  - a. is less than [19] [26] years old; or
  - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
  - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25] [26];
  - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
  - e. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

**Eligible Person** means an individual as defined in the *Schedule of Benefits*

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

**He, him or his** means an individual, male or female.

**Hospital** means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care;

2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

**Hospital Stay** means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

**Incurred or Incurs** means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

**In-Patient** means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean [a Covered Person] who is required to be confined for a period of at least a full day or twenty-four (24) continuous hours as determined by the Hospital.

~~**Medically Necessary** means a service, supply or treatment provided for diagnosis and treatment which is:~~

- ~~1. Ordered by a physician;~~
- ~~2. Required for treatment or management of a medical condition or symptom;~~
- ~~3. Provided in accordance with approved and generally accepted medical and surgical practice.~~

**Out-Patient** means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

**Physician** means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

**Policyholder** means the entity shown on the cover page of this policy.

**[Pre-Existing Condition]** means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person has not received any diagnosis, medical advice, care or treatment within the 6-month period immediately preceding His effective date of coverage.

A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

Benefits for ~~Appropriate Care of a~~ Pre-Existing Conditions may be limited. Please read the *Description of Medical Indemnity Benefits* section for any applicable limitations.]

**You or your** mean the Covered Employee.

## **ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS**

### **Certificate Effective Date**

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of your enrollment and payment of the contributions, if any, when due. Your coverage under this Certificate's begins on the date you are eligible.

### **Eligibility**

An employee becomes eligible for insurance under the Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under the Policy as both an Employee and a spouse or dependent child at the same time.

[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a [Plan] year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
- [3.] [first of the month following the date the employee's insurance becomes effective][;]
- [4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;
- [5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 90 days later unless [the Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

### **Deferred Effective Date**

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

### **Late Enrollee**

An Eligible Person will be considered a late enrollee if he does not apply for coverage under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

### **Effective Date of Changes**

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to

any Active Service requirement.

### **Termination of Insurance**

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

### **Continuation Provisions**

Continuation may be available after the termination of this insurance. Please contact your employer for details.

### **CLAIM PROVISIONS**

#### **Notice of Claim**

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, and Policy Number.

#### **Claim Forms**

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

### **~~Claimant Cooperation Provision~~**

~~Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.~~

### **Proof of Loss**

Written or authorized electronic proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

### **Time of Payment of Claims**

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

### **Payment of Claims**

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

### **Claim Administration**

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

### **~~Payment of Claims to Foreign Employees~~**

~~The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered Employees whose place of employment is other than:~~

~~1. the United States and its possessions; or~~

~~2. the Dominion of Canada.~~

~~We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for these payments under this Certificate.~~

### **Physical Examination and Autopsy**

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

### **Legal Actions**

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

### **Recovery of Overpayment**

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

## **GENERAL PROVISIONS**

### **[10 Day Right To Examine Certificate**

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

### **Assignment**

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]



## Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

## Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

## Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

## DESCRIPTION OF INDEMNITY MEDICAL BENEFITS

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

### MEDICAL EXPENSE BENEFITS

We will pay ~~the benefit amount~~ shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for ~~Appropriate~~ Treatment of an injury sustained in a Covered Accident or for ~~Appropriate~~ Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis. For other than Surgery, the amount we will pay is limited to the dollar amount shown in the Schedule of Benefits for the Covered Expense, or the provider's billed charge, if less. The amount we will pay for any one Surgical Procedure is limited to the dollar amount shown in the Schedule of Surgical Procedures, or the surgeon's billed charge, if less.

### Covered Expenses:

#### In-Patient Hospital Services

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay a ~~the benefit amount shown in the Schedule of Benefits. Payment will be~~ for each day of Confinement, up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits* for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per [Plan] year, including treatment of mental / nervous disorders or substance abuse treatment.

~~Miscellaneous Hospital. We will pay miscellaneous expenses charged by a Hospital, as part of the Daily In-Hospital Benefit shown in the Schedule of Benefits for each day of a Hospital Stay.~~

~~Such expenses include but are not limited to X-ray, laboratory and pre-admission tests and all charges other than room and board.~~

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an inpatient during a Hospital Stay.

### **Outpatient Hospital Services**

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives **Appropriate Treatment** for an injury sustained in a Covered Accident, or for **Appropriate Treatment** of a Covered Sickness, provided when he is an Outpatient.

### **Outpatient Diagnostic Testing Services**

We will pay ~~the a~~ benefit for Outpatient Diagnostic Testing Services as shown in the Schedule of Benefits when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per [Plan] Year shown in the *Schedule of Benefits*.

### **Emergency Room Treatment**

We will pay a Hospital Emergency Room Benefit for ~~Appropriate~~ Treatment provided in an outpatient emergency room of a Hospital or licensed facility, up to for the maximum ~~amount and~~ number of visits annually, ~~as~~ shown in the *Schedule of Benefits*.

### **[Physician Services**

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Surgical Procedures Benefits*.

A list of common procedures and the maximum amount for each is shown in the *Schedule of Surgical Procedures*.

If two or more procedures are performed through the same incision or operative site, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the *Schedule of Surgical Procedures*, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the *Schedule of Surgical Procedures*.

[Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit

for anesthesia and its administration.]

[In-Patient Hospital Visits — We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, up to ~~for~~ the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]

[Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit up to. ~~The total amount paid under this benefit will not exceed~~ the Maximum Number of Office Visits per [Plan] Year ~~or the Maximum Benefit~~ shown in the *Schedule of Benefits*].

### **[Out-Patient Prescription Drugs**

We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).

~~The benefit amount for each prescription drug will equal the Outpatient Prescription Drug Benefit. These amounts and~~ The maximum number of prescriptions available ~~benefits payable~~ per [Plan] year are shown in the *Schedule of Benefits*.

### **[Home Health Care**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:

1. part-time nursing care provided or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person' approved by His Physician;
4. nutritional counseling; and
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.]

### **[Ambulance Services**

Benefits are payable for ~~Medically Necessary~~ professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Person's Covered Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown. ~~Air transpiration is payable only if Medically Necessary and to the nearest facility equipped to handle the Covered Person's Covered Accident or Covered Sickness.~~

We will pay Covered Expenses Incurred for Ambulance Service up to the maximum number of trips ~~as~~ shown in the *Schedule of Benefits*.]

### **[Wellness Service Benefit**

We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, up to ~~for~~ the maximum ~~amount and~~ number of services shown in the *Schedule of Benefits*. Wellness

services are limited to the following services: PAP Smear, PSA or immunization.]

#### **[Wellness Screening Test Benefit**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, up to ~~for~~ the maximum ~~amount and~~ number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.]

#### **[Limitation for Pre-Existing Conditions**

[We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

[Until a Covered Person has been insured under this Policy:

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.

Payment of any benefits for treatment of a Covered Person's Pre-Existing Condition is limited to [\$100 - \$3,000].]

[We will not pay any benefits for In-Patient Hospital Services, or Physicians Services for Surgery or Anesthesia until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.] ]

#### **Excluded Expenses**

The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Certificate:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof - this exclusion does not apply to:
  - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
  - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
  - c. correction of a congenital defect or anomaly that results in a functional defect of a covered

- dependent child;
- d. with respect to a mastectomy:
  - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
  - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
- 3. examinations needed for employment, obtaining insurance or travel;
- 4. voluntary abortion, unless:
  - a. the life of the mother would be endangered if the fetus were carried to term; or
  - b. medical complications have arisen from an abortion;
- 5. sex change procedures;
- ~~6. experimental services or treatments;~~
- 6. reversal of sterilizations;
- 7. diagnosis and treatment of infertility;
- 8. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
- 9. routine eye examinations or fitting of glasses or contact lenses;
- 10. hearing examinations or fitting of hearing aids;
- 11. dental examinations or dental care other than expenses resulting from a Covered Accident;
- 12. smoking cessation;
- 13. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
- 14. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
- 15. committing, attempting to commit, or taking part in a felony or assault;
- 16. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
- 17. air travel, except:
  - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
  - b. on a charter flight operated by a scheduled airline; or
  - c. as a passenger for transportation only and not as a pilot or crew member;
- 18. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;

19. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
20. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
21. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
22. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
23. any treatment received or expenses incurred after this Policy has terminated;
24. any service, supply or treatment that is not provided by or at the direction of a Physician, ~~or is inconsistent with standards of medical practice for the applicable condition;~~
25. treatment of any accident or sickness outside the United States or Canada;
- ~~27. services, supplies or treatment not considered Medically Necessary even if ordered by a Physician;~~
26. transportation except as provided for in Ambulance Services;
27. benefits for services or treatment rendered by any person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Covered Person's household;
  - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
  - d. a Covered Person treating himself; or
- [28. the treatment of:
  - a. mental illness;
  - b. functional or organic nervous disorder, regardless of cause;
  - c. alcohol abuse;
  - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed.]

#### **SCHEDULE OF SURGICAL PROCEDURES [– \$500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$7
10061	I&D of Abscess, Complex	\$16
19000	Puncture Aspiration of cyst of Breast	\$8
19120	Removal of Breast Lesion	\$46
19180	Mastectomy, Simple	\$77

19240	Removal of Breast	\$115
20550	Injection; Single Tendon Sheath or Ligament	\$6
20600	Drain/Inject Joint/Bursa	\$6
20605	Drain/Inject Joint/Bursa	\$6
22554	Neck Spine Fusion	\$250
23500	Closed tx, clavicle fracture	\$19
25560	Closed tx, radius fracture	\$36
27230	Closed tx, femur fracture.	\$55
27816	Closed tx, ankle fracture	\$39
28415	Closed tx, humerus fracture	\$122
29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16
36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106

58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68
58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$231
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$71
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$111



**SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108
27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213

49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279
58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279

66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168

45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292

63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	Injection; Single Tendon Sheath or Ligament	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Re-channeling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888

38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$432
59510	Cesarean delivery	\$918

59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40

35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544



59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60

22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580

58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192

19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472

57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216

68761	Close Tear Duct Opening	\$132]
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**SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868

49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966

66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152



45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584

63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	Injection; Single Tendon Sheath or Ligament	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Re-channeling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440

38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,440

59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$5, 250 Maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562

29580	Application of Paste Boot	\$105
35301	Rechanneling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882
45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176
47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,491
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428

58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533
63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848
63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231]

**[SCHEDULE OF SURGICAL PROCEDURES [- \$5,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132

20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechanneling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804

58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5750 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$161



10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture.	\$1,265
27816	Closed tx, ankle fracture	\$897
28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115
35301	Rechanneling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530

55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059
58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633

67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,000 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechanneling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120

49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544

64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,250 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400
19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture.	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechanneling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475

44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000
52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150
57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925

61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325
67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900
67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechanneling of Artery	\$4,758

36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470



59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,750 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750

23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture.	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechanneling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588
44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834
44950	Appendectomy	\$1,944
44970	Laparoscopy surgical appendectomy	\$1,944
45378	Diagnostic Colonoscopy	\$1,134
45560	Repair of Rectocele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration of Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair Bladder & Vagina	\$1,836
57280	Suspension of Vagina	\$2,862
57282	Repair of Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension of Uterus	\$2,214
58600	Division of fallopian tube	\$1,566
58700	Removal of fallopian tube	\$2,052

58720	Removal of ovary/tube(s)	\$2,403
58740	Revise Fallopian Tube(s)	\$2,511
58750	Repair Oviduct	\$4,104
58770	Create New Tubal Opening	\$3,591
58925	Removal of ovarian cyst(s)	\$1,836
58940	Removal of ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Cesarean delivery	\$4,131
59851	Abortion	\$1,944
61154	Pierce Skull, Remove Clot	\$5,319
61312	Open Skull for Drainage	\$6,750
62284	Injection for Myelogram	\$864
63030	Low Back Disk Surgery	\$6,048
63035	Added Spinal Disk Surgery	\$1,971
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck Spine Disk Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,591
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear Duct Opening	\$297]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,000 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224

19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechanneling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904

57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196

67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,250 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	<i>Puncture Aspiration of cyst of Breast</i>	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174
22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551
25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechanneling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798

49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682
58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581
58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001

66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$7,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechanneling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160



44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960

63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300 ]

**[Schedule of Excepted Procedures]**

<b>CPT Code</b>	<b>Description</b>
[36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag;2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surface
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Cict Bld Spec From Cmpl Impl Venous Acss Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30210	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required

29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collct Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue
57160	Fit&Insrtion Pessary/Oth Intravag Support Device
69090	Ear Piercing
58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area;Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament-Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast

11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes-Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc-Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq]

## **ARKANSAS POLICY INFORMATION NOTICE**

### **Address and Telephone Number of HM Life Insurance Company:**

HM Life Insurance Company  
120 Fifth Avenue, Fifth Avenue Place  
Pittsburgh, Pennsylvania 15222-3099  
1-800-833-1115 OR (412) 544-1000

### **Address and Telephone Number of Davis Vision, Inc. Service Center**

Davis Vision, Inc.  
159 Express Street  
Plainview, NY 11803  
1-800-328-4728

### **Name, Address and Telephone Number of Agent:**

{Insert Agent Name}  
{Insert Agent Address}  
{Insert Agent Phone Number}

If we at HM Life Insurance Company, or Davis Vision fail to provide you with reasonable and adequate service, you should feel free to contact the Arkansas Insurance Department at this address:

### **Arkansas Insurance Department**

Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
(501)371-2640 or (800)-852-5494

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

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**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association  
C/o The Liquidation Division  
1023 West Capitol, Suite 2  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

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The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract, or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons holding such policies are NOT protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals).
- unallocated annuity contracts issued to/in connection with benefits plans protected under Federal Pension Benefit Corporation ("FPBC" (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract,, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Guaranty Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuities, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



A HIGHMARK COMPANY

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

December 22, 2010

Arkansas Department of Insurance  
Life and Health Division  
Arkansas Insurance Department  
1200 W. Third Street  
Little Rock, AR 72201-1904

**VIA SERFF**

**RE:** HM Life Insurance Company, NAIC #93440  
HM905-LMP (10/10)  
HM905-LMC (10/10)

**Form Filing**

Dear Ms. Minor:

Thank you for your continued review of this filing. In response to your objection letter the definition of "Eligible Dependent" has been revised to remove the 31-day requirement for furnishing proof of incapacity for a handicapped dependent.

Should you have any further questions or concerns, please do not hesitate to contact me. I may be reached directly at the left-side address, as well as via telephone at 412-544-0923, or via e-mail to [jennifer.bayich@hminsurancegroup.com](mailto:jennifer.bayich@hminsurancegroup.com).

Thank you for your time and attention to this matter.

Sincerely,

**JENNIFER L. BAYICH, ESQ.**  
Compliance Analyst III

**Attachments**

**Mailing Address**  
PO Box 535061  
Pittsburgh, PA 15253-5061

**Overnight Deliveries**  
Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

[www.hminsurancegroup.com](http://www.hminsurancegroup.com)

**Telephone**  
412-544-1000  
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

LHP-185 (R12-07)







<i>SERFF Tracking Number:</i>	<i>HMRK-126944871</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47529</i>
<i>Company Tracking Number:</i>	<i>HM905-LMP 1010</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Limited Medical</i>		
<i>Project Name/Number:</i>	<i>Limited Medical 10/10 Filing/HM905 LMP 1010</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
12/14/2010	Form	Group Indemnity Medical Insurance Certificate	12/22/2010	HM905 LMC _1010_ - clean.pdf (Superceded)

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



President

---

<b>POLICYHOLDER:</b>	<b>[*]</b>
<b>GROUP POLICY NUMBER:</b>	<b>[*]</b>
<b>POLICY EFFECTIVE DATE:</b>	<b>[*]</b>
<b>CERTIFICATE EFFECTIVE DATE:</b>	<b>[*]</b>
<b>STATE OF ISSUE:</b>	<b>[*]</b>

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

**PLEASE READ THIS CERTIFICATE CAREFULLY**

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

**• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING**

**THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.**

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## SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to the benefits provided by the Policy under this Certificate please read all the provisions carefully.

**Eligible Persons:** An Eligible Person is an individual who *[include when there is more than one class of Eligible Persons - meets all of the requirements of one of the Covered Classes shown below]* *[is a full-time employee of the Policyholder who works at least [15] hours per week.]]*

[Class 1	All employees of the Policyholder who are officers
Class 2	All employees of the Policyholder who are managers or supervisors
Class 3	All other employees of the Policyholder]

### Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired *[[31 days] or more]* before *[No Waiting Period]* the Policy Effective Date:  
For Employees hired *[less than [31 days] before, [No Waiting Period; 31 days]]* or] after the Policy Effective Date:

## MEDICAL INDEMNITY BENEFITS

This *Schedule of Benefits* provides a brief outline of the Medical Indemnity Benefits provided by the Policy under this Certificate. Please read the *Description of Benefits* section for full details.

### Covered Expense

### Benefit Amount

#### In-Patient Hospital Services

Maximum Daily In-Hospital Benefit	[\$100-\$2,000]
Maximum Days per [Plan] Year	[20-365]
[Additional Daily Benefit for the first day of Hospital confinement (limited to [1-2] admissions per [Plan] Year)]	[\$100-\$2,000]
[Daily ICU, CCU, NICU or PICU Benefit] [Maximum Days per [Plan] Year]	[\$100-\$4,000] [1-90]
[Mental / Nervous Conditions Benefit] [Maximum Days per [Plan] Year]	[50% of the Daily In-Hospital Benefit] [10-30]
[Substance Abuse Benefit] [Maximum Days per [Plan] Year]	[50% of the Daily In-Hospital Benefit] [10-30]

#### Out-Patient Hospital Services

Daily Out-Patient Treatments	[\$25-\$500]
Maximum Days per [Plan] Year	[1-8]

#### Out-Patient Diagnostic Testing Benefit

Daily Out-Patient Tests	[\$25-\$500]
Maximum Days per [Plan] Year (limited to one test per day )	[1-8]
<b>Hospital Emergency Room Benefit</b>	
Benefit Amount per Visit	[\$100 - \$500]
Maximum Visits per [Plan] Year for Covered Accidents	[1-5]
Maximum Visits per [Plan] Year for Covered Sickness	[1-5]
<b>[Physician Services]</b>	
<b>[Surgery Benefit]</b>	[See Schedule of Surgical Procedures]
Maximum Procedures per [Plan] Year[*]	[1-5]
[* Exceptions apply – See Schedule of Excepted Procedures]	
<b>[Anesthesia Benefit]</b>	[20% of the Surgery Benefit payable for the procedure performed]
<b>[Inpatient Visits]</b>	
Benefit per Visit	[\$30 - \$100]
[Maximum Number of Visits per [Plan] Year (Limited to 1 visit per day)]	[1-6]
<b>[Office Visits]</b>	
Maximum Benefit per Visit	[\$30-\$100]
[Maximum Number of Visits per [Plan] year]	[1-15]
<b>[Outpatient Prescription Drug Benefit]</b>	
[Generic Drugs Benefit]	[\$2-\$20]
[Maximum generic prescriptions per [Plan] year]	[1-24]
[Brand Drugs Benefit]	[\$2-\$30]
[Maximum brand prescriptions per [Plan] year]	[1-24]
<b>[Home Health Care Benefit]</b>	
[Benefit per day]	[\$20-\$50]
[Maximum number of days per [Plan] Year]	[5-75 ]
<b>[Ambulance Service]</b>	
Benefit per Trip	[\$75-\$300]
Maximum Number of Trips per [Plan] year]	[1-3]
<b>[Wellness Service Benefit]</b>	
[Benefit per Service]	[\$25-\$100]
[Maximum Services]	

per [Plan] Year [1-3]

**[Wellness Screening Test Benefit]**

[Benefit per [Test] [Day] [\$20-\$150]

[Maximum [Tests] [Days]

per [Plan] Year [1-3]

**Contributions**

The [entire] cost of this insurance is paid by [the] [Policyholder] [and] [Covered Persons].

**GENERAL DEFINITIONS**

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

**Active Service** means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

**Ambulance Service** means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

**Treatment** means care, services or supplies, provided by or at the direction of a Physician for a Covered Expense.

**Company or we, us or our** means HM Life Insurance Company, domiciled in Pennsylvania.

**Covered Accident** means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation;



2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

**Covered Employee** means an Eligible Person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

**Covered Expenses** means the benefits shown, for services or supplies listed, in the *Schedule of Benefits* and described in the *Medical Indemnity Benefits* section of this Certificate. Covered Expenses must be Incurred by a Covered Person for Treatment of a Covered Accident or a Covered Sickness.

**Covered Person** means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

**Covered Sickness** means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

**Eligible Dependent** means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Policy; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
  - a. is less than [19] [26] years old; or
  - b. [each of your unmarried children who is under [25] years of age and attending an accredited educational institution as a full-time student.]
  - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [25] [26];
  - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
  - e. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

**Eligible Person** means an individual as defined in the *Schedule of Benefits*

[Provide **Evidence of Insurability** means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.]

**He, him or his** means an individual, male or female.

**Hospital** means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care;
2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

**Hospital Stay** means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least [90] days or (b) a Covered Employee returns to Active Service for [30] or more days between Hospital Stays.

**Incurred or Incurs** means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.

**In-Patient** means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean [a Covered Person] who is required to be confined for a period of at least a full day or twenty-four (24) continuous hours as determined by the Hospital.

**Out-Patient** means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

**Physician** means a licensed health care provider practicing within the scope of his license and

rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

**Policyholder** means the entity shown on the cover page of this policy.

**[Pre-Existing Condition]** means any injury sustained in an accident that occurred, or a sickness that first manifested itself before the Covered Person's effective date of coverage under this Policy and for which the Covered Person has not received any diagnosis, medical advice, care or treatment within the 6-month period immediately preceding His effective date of coverage.

A pregnancy that existed on a Covered Person's effective date will not be considered as a Pre-Existing Condition.

Benefits for Pre-Existing Conditions may be limited. Please read the *Description of Medical Indemnity Benefits* section for any applicable limitations.]

**You or your** mean the Covered Employee.

## **ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS**

### **Certificate Effective Date**

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of your enrollment and payment of the contributions, if any, when due. Your coverage under this Certificate's begins on the date you are eligible.

### **Eligibility**

An employee becomes eligible for insurance under the Policy on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy.

No person may be eligible for insurance under the Policy as both an Employee and a spouse or dependent child at the same time.

[If both spouses are eligible as employees, the dependent children, may be covered under only one employee, but not both of them.]

[If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his

insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both [will] [may] be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a [Plan] year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.]

[A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.]

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependent[s] if [he] [the employee] enroll[s] and agree[s] to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
- [3.] [first of the month following the date the employee's insurance becomes effective];;
- [4.] first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;
- [5.] first of the month following the date We receive a completed enrollment form for [such person's] [spouse and dependent child] coverage and the required first premium, during [such] [each] dependent's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 90 days later unless [the Employee has a Spouse or] other Dependent Children [are] insured under this Policy or [makes] a request [is made] to cover the child and [pays] the required initial premium [is paid], during the child's lifetime.

#### **Deferred Effective Date**

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

### **Late Enrollee**

An Eligible Person will be considered a late enrollee if he does not apply for coverage under this Certificate within 31 days of first of the month following the date he is first eligible.

[Coverage for any late enrollee will become effective on the first of the month following the date he completes a [90-day] late enrollee waiting period and submits the required premium.]

[If an Eligible Person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on [the day following] [the first day of the month] [coinciding with or next following] the date we approve the Covered Person's Evidence of Insurability.]

### **Effective Date of Changes**

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

### **Termination of Insurance**

Please read the *Continuation Provisions* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. [the next premium due date after first of the month following the date the Covered Person attains age 70;]
4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the *Continuation Provisions*; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

### **Continuation Provisions**

Continuation may be available after the termination of this insurance. Please contact your employer for details.

## **CLAIM PROVISIONS**

### **Notice of Claim**

Written or authorized electronic/telephonic notice of claim must be given to us within [31] days after a Covered Expense is Incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent]. Notice should include the Policyholder's name and policy number and the Covered Person's name, address, and Policy Number.

### **Claim Forms**

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

### **Proof of Loss**

Written or authorized electronic proof of loss satisfactory to us must be given to [us] [at] [our Administrative Office] [address][,] [such other place as we may designate for the purpose][,] [or] [to our authorized agent] within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

### **Time of Payment of Claims**

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

### **Payment of Claims**

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

[If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.]

### **Claim Administration**

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and

beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

### **Physical Examination and Autopsy**

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

### **Legal Actions**

No action at law or in equity may be brought to recover under this Certificate less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

### **Recovery of Overpayment**

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

## **GENERAL PROVISIONS**

### **[10 Day Right To Examine Certificate**

If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.]

### **Assignment**

[The rights and benefits provided by this Certificate, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if we receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident or Covered Sickness. Any other attempt to assign will be void.]

[The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).]

### **Incontestability**

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a

copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

### **Conformity with Statutes**

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

### **Compensation Insurance**

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

## **DESCRIPTION OF INDEMNITY MEDICAL BENEFITS**

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the *Schedule of Benefits*. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

### **MEDICAL EXPENSE BENEFITS**

We will pay the benefits amount shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person, subject to all applicable conditions and exclusions, for Treatment of an injury sustained in a Covered Accident or for Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the *Schedule of Benefits*, and, unless otherwise specified, are payable on a per Covered Person basis. For other than Surgery, the amount we will pay is limited to the dollar amount shown in the Schedule of Benefits for the Covered Expense, or the provider's billed charge, if less. The amount we will pay for any one Surgical Procedure is limited to the dollar amount shown in the *Schedule of Surgical Procedures*, or the surgeon's billed charge, if less.

#### **Covered Expenses:**

##### **In-Patient Hospital Services**

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay a benefit for each day of Confinement, up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits*. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per [Plan] year, as shown in the *Schedule of Benefits* for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per [Plan] year, including treatment of mental / nervous disorders or substance abuse treatment.

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an



inpatient during a Hospital Stay.

### **Outpatient Hospital Services**

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives Treatment for an injury sustained in a Covered Accident, or for Treatment of a Covered Sickness, provided when he is an Outpatient.

### **Outpatient Diagnostic Testing Services**

We will pay a benefit for Outpatient Diagnostic Testing Services when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per [Plan] Year shown in the *Schedule of Benefits*.

### **Emergency Room Treatment**

We will pay a Hospital Emergency Room Benefit for Treatment provided in an outpatient emergency room of a Hospital or licensed facility, up to the maximum number of visits annually shown in the *Schedule of Benefits*.

### **[Physician Services**

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Surgical Procedures*.

A list of common procedures and the maximum amount for each is shown in the *Schedule of Surgical Procedures*.

If two or more procedures are performed through the same incision or operative site, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

With respect to a surgical procedure not listed in the *Schedule of Surgical Procedures*, we will pay an indemnity benefit amount consistent with similar procedures that are listed in the *Schedule of Surgical Procedures*.

[Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.]

[In-Patient Hospital Visits - We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, up to the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.]

[Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit up to the Maximum Number of Office Visits per [Plan] Year shown in the *Schedule of Benefits*].

### **[Out-Patient Prescription Drugs]**

We will pay a Benefit for drugs that (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Food and Drug Administration (FDA).

The maximum number of prescriptions available per [Plan] year are shown in the *Schedule of Benefits*.

### **[Home Health Care]**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person by a Home Health Care Agency, for the maximum number of days shown in the *Schedule of Benefits* for:

1. part-time nursing care provided or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person' approved by His Physician;
4. nutritional counseling; and
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.]

### **[Ambulance Services]**

Benefits are payable for professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Person's Covered Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown.-

We will pay Covered Expenses Incurred for Ambulance Service up to the maximum number of trips shown in the *Schedule of Benefits*.]

### **[Wellness Service Benefit]**

We will pay Covered Expenses Incurred for Wellness Services rendered to a Covered Person, up to the maximum number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.]

### **[Wellness Screening Test Benefit]**

We will pay Covered Expenses Incurred for care and treatment rendered to a Covered Person for wellness screening, up to the maximum number of [tests] [days] shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.]

### **[Limitation for Pre-Existing Conditions]**

[We will not pay any benefits for treatment of a Covered Person's Pre-Existing Condition until he has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of

12 months; or

2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.]

[Until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.

Payment of any benefits for treatment of a Covered Person's Pre-Existing Condition is limited to [\$100 - \$3,000].]

[We will not pay any benefits for In-Patient Hospital Services, or Physicians Services for Surgery or Anesthesia until a Covered Person has been insured under this Policy;

1. If he is enrolled for coverage when he first became an Eligible Person, a continuous period of 12 months; or
2. If he is enrolled for coverage more than 31 days after he first became an Eligible Person, a continuous period of 18 months.] ]

### **Excluded Expenses**

The following will not be Covered Expenses under this Indemnity Medical Benefit unless specifically provided elsewhere in this Certificate:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof - this exclusion does not apply to:
  - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
  - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
  - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
  - d. with respect to a mastectomy:
    - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
    - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
    - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. examinations needed for employment, obtaining insurance or travel;
4. voluntary abortion, unless:
  - a. the life of the mother would be endangered if the fetus were carried to term; or

- b. medical complications have arisen from an abortion;
- 5. sex change procedures;
- 6. reversal of sterilizations;
- 7. diagnosis and treatment of infertility;
- 8. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
- 9. routine eye examinations or fitting of glasses or contact lenses;
- 10. hearing examinations or fitting of hearing aids;
- 11. dental examinations or dental care other than expenses resulting from a Covered Accident;
- 12. smoking cessation;
- 13. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
- 14. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
- 15. committing, attempting to commit, or taking part in a felony or assault;
- 16. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
- 17. air travel, except:
  - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
  - b. on a charter flight operated by a scheduled airline; or
  - c. as a passenger for transportation only and not as a pilot or crew member;
- 18. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
- 19. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
- 20. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
- 21. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
- 22. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;

23. any treatment received or expenses incurred after this Policy has terminated;
24. any service, supply or treatment that is not provided by or at the direction of a Physician;
25. treatment of any accident or sickness outside the United States or Canada;
26. transportation except as provided for in Ambulance Services;
27. benefits for services or treatment rendered by any person who is:
  - a. employed or retained by the Policyholder;
  - b. living in the Covered Person's household;
  - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
  - d. a Covered Person treating himself; or
- [28. the treatment of:
  - a. mental illness;
  - b. functional or organic nervous disorder, regardless of cause;
  - c. alcohol abuse;
  - d. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed.]

#### **SCHEDULE OF SURGICAL PROCEDURES [– \$500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$7
10061	I&D of Abscess, Complex	\$16
19000	Puncture Aspiration of cyst of Breast	\$8
19120	Removal of Breast Lesion	\$46
19180	Mastectomy, Simple	\$77
19240	Removal of Breast	\$115
20550	Injection; Single Tendon Sheath or Ligament	\$6
20600	Drain/Inject Joint/Bursa	\$6
20605	Drain/Inject Joint/Bursa	\$6
22554	Neck Spine Fusion	\$250
23500	Closed tx, clavicle fracture	\$19
25560	Closed tx, radius fracture	\$36
27230	Closed tx, femur fracture.	\$55
27816	Closed tx, ankle fracture	\$39
28415	Closed tx, humerus fracture	\$122
29580	Application of Paste Boot	\$5
35301	Re-channeling of Artery	\$183
36415	Drawing blood	\$1
36489	Insertion of Catheter, Vein	\$16

36533	Insertion of Access Port	\$59
38562	Removal, Pelvic Lymph Nodes	\$122
38770	Remove Pelvis Lymph Nodes	\$148
38780	Remove Abdomen Lymph Nodes	\$244
44005	Freeing of Bowel Adhesion	\$99
44140	Partial Removal of Colon	\$142
44950	Appendectomy	\$122
44970	Laparoscopy surgical appendectomy	\$122
45378	Diagnostic Colonoscopy	\$42
45560	Repair of Rectocele	\$47
46255	Hemorrhoidectomy, internal and external	\$56
47600	Cholecystectomy	\$130
49000	Exploration of Abdomen	\$87
49320	Laparoscopy, diagnostic	\$62
49505	Repair Inguinal Hernia	\$71
49560	Repair Abdominal Hernia	\$86
50590	Lithotripsy, extracorporeal shock wave	\$166
51840	Bladder repair/vesical neck	\$120
52612	TURP	\$120
55810	Prostatectomy, perineal radical	\$206
57240	Repair Bladder & Vagina	\$68
57280	Suspension of Vagina	\$106
57282	Repair of Vaginal Prolapse	\$106
58150	Total Hysterectomy	\$125
58260	Vaginal Hysterectomy	\$121
58400	Suspension of Uterus	\$82
58600	Division of fallopian tube	\$58
58700	Removal of fallopian tube	\$126
58720	Removal of ovary/tube(s)	\$89
58740	Revise Fallopian Tube(s)	\$93
58750	Repair Oviduct	\$152
58770	Create New Tubal Opening	\$133
58925	Removal of ovarian cyst(s)	\$68
58940	Removal of ovary(s)	\$68
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$95
59150	Treat Ectopic Pregnancy	\$95
59400	Obstetrical Care	\$124

59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$65
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$122
59510	Cesarean delivery	\$153
59851	Abortion	\$72
61154	Pierce Skull, Remove Clot	\$197
61312	Open Skull for Drainage	\$250
62284	Injection for Myelogram	\$32
63030	Low Back Disk Surgery	\$224
63035	Added Spinal Disk Surgery	\$73
63047	Removal of Spinal Lamina	\$250
63048	Removal of Spinal Lamina	\$88
63075	Neck Spine Disk Surgery	\$231
64721	Carpal Tunnel Surgery	\$72
65855	Laser Surgery of Eye	\$69
66170	Glaucoma Surgery	\$93
66761	Revision of Iris	\$55
66984	Remove Cataract, Insert Lens	\$133
67210	Treatment of Retinal Lesion	\$71
67820	Revise Eyelashes	\$7
67840	Remove Eyelid Lesion	\$18
68761	Close Tear Duct Opening	\$11]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$750 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108

27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213
49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279



58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279
66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$1000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308

19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424

58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

**SCHEDULE OF SURGICAL PROCEDURES [- \$1500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	Injection; Single Tendon Sheath or Ligament	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Re-channeling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888
38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996

51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$390
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798

67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

**SCHEDULE OF SURGICAL PROCEDURES [- \$2000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	Injection; Single Tendon Sheath or Ligament	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Re-channeling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448

47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$520
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704

63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$2500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	Injection; Single Tendon Sheath or Ligament	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60
22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Re-channeling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990



44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$650
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970

61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

**SCHEDULE OF SURGICAL PROCEDURES [- \$3000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192
19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	Injection; Single Tendon Sheath or Ligament	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Re-channeling of Artery	\$2,196
36415	Drawing blood	\$12

36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140

59400	Obstetrical Care	\$1,488
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$780
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216
68761	Close Tear Duct Opening	\$132]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$3500 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	Injection; Single Tendon Sheath or Ligament	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266

25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Re-channeling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246

58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$910
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

#### **SCHEDULE OF SURGICAL PROCEDURES [- \$4000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736

19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	Injection; Single Tendon Sheath or Ligament	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Re-channeling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696

57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,040
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]



**SCHEDULE OF SURGICAL PROCEDURES [- \$5000 Maximum]**

<b>CPT-4 Codes</b>	<b>Description</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	Injection; Single Tendon Sheath or Ligament	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Re-channeling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440
38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420

49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400
52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$1,300
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860

66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360
68761	Close Tear Duct Opening	\$220]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5, 250 Maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$147
10061	I&D of Abscess, Complex	\$336
19000	Puncture Aspiration of cyst of Breast	\$168
19120	Removal of Breast Lesion	\$966
19180	Mastectomy, Simple	\$1,617
19240	Removal of Breast	\$2,415
20550	In Tendon/Ligament/cyst	\$126
20600	Drain/Inject Joint/Bursa	\$126
20605	Drain/Inject Joint/Bursa	\$126
22554	Neck Spine Fusion	\$5,250
23500	Closed tx, clavicle fracture	\$399
25560	Closed tx, radius fracture	\$756
27230	Closed tx, femur fracture.	\$1,155
27816	Closed tx, ankle fracture	\$819
28415	Closed tx, humerus fracture	\$2,562
29580	Application of Paste Boot	\$105
35301	Rechanneling of Artery	\$3,843
36415	Drawing blood	\$21
36489	Insertion of Catheter, Vein	\$336
36533	Insertion of Access Port	\$1,239
38562	Removal, Pelvic Lymph Nodes	\$2,562
38770	Remove Pelvis Lymph Nodes	\$3,108
38780	Remove Abdomen Lymph Nodes	\$5,124
44005	Freeing of Bowel Adhesion	\$2,079
44140	Partial Removal of Colon	\$2,982
44950	Appendectomy	\$1,512
44970	Laparoscopy surgical appendectomy	\$1,512
45378	Diagnostic Colonoscopy	\$882

45560	Repair of Rectocele	\$987
46255	Hemorrhoidectomy, internal and external	\$1,176
47600	Cholecystectomy	\$2,730
49000	Exploration of Abdomen	\$1,827
49320	Laparoscopy, diagnostic	\$1,302
49505	Repair Inguinal Hernia	\$1,491
49560	Repair Abdominal Hernia	\$1,806
50590	Lithotripsy, extracorporeal shock wave	\$3,486
51840	Bladder repair/vesical neck	\$2,520
52612	TURP	\$2,310
55810	Prostatectomy, perineal radical	\$4,326
57240	Repair Bladder & Vagina	\$1,428
57280	Suspension of Vagina	\$2,226
57282	Repair of Vaginal Prolapse	\$2,226
58150	Total Hysterectomy	\$2,625
58260	Vaginal Hysterectomy	\$2,541
58400	Suspension of Uterus	\$1,722
58600	Division of fallopian tube	\$1,218
58700	Removal of fallopian tube	\$1,596
58720	Removal of ovary/tube(s)	\$1,869
58740	Revise Fallopian Tube(s)	\$1,953
58750	Repair Oviduct	\$3,192
58770	Create New Tubal Opening	\$2,793
58925	Removal of ovarian cyst(s)	\$1,428
58940	Removal of ovary(s)	\$1,428
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,995
59150	Treat Ectopic Pregnancy	\$1,995
59400	Obstetrical Care	\$2,604
59409	Obstetrical Care	\$1,365
59410	Obstetrical Care	\$1,512
59510	Cesarean delivery	\$3,213
59851	Abortion	\$1,512
61154	Pierce Skull, Remove Clot	\$4,137
61312	Open Skull for Drainage	\$5,250
62284	Injection for Myelogram	\$672
63030	Low Back Disk Surgery	\$4,704
63035	Added Spinal Disk Surgery	\$1,533

63047	Removal of Spinal Lamina	\$5,250
63048	Removal of Spinal Lamina	\$1,848
63075	Neck Spine Disk Surgery	\$4,851
64721	Carpal Tunnel Surgery	\$1,512
65855	Laser Surgery of Eye	\$1,449
66170	Glaucoma Surgery	\$1,953
66761	Revision of Iris	\$1,155
66821	After Cataract Laser Surgery	\$1,071
66984	Remove Cataract, Insert Lens	\$2,793
67210	Treatment of Retinal Lesion	\$1,491
67228	Treatment of Retinal Lesion	\$1,596
67820	Revise Eyelashes	\$147
67840	Remove Eyelid Lesion	\$378
68761	Close Tear Duct Opening	\$231]

**[SCHEDULE OF SURGICAL PROCEDURES [- \$5,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechanneling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684

38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584

59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

**SCHEDULE OF SURGICAL PROCEDURES [- \$5750 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$161
10061	I&D of Abscess, Complex	\$368
19000	Puncture Aspiration of cyst of Breast	\$184
19120	Removal of Breast Lesion	\$1,058
19180	Mastectomy, Simple	\$1,771
19240	Removal of Breast	\$2,645
20550	In Tendon/Ligament/cyst	\$138
20600	Drain/Inject Joint/Bursa	\$138
20605	Drain/Inject Joint/Bursa	\$138
22554	Neck Spine Fusion	\$5,750
23500	Closed tx, clavicle fracture	\$437
25560	Closed tx, radius fracture	\$828
27230	Closed tx, femur fracture.	\$1,265
27816	Closed tx, ankle fracture	\$897

28415	Closed tx, humerus fracture	\$2,806
29580	Application of Paste Boot	\$115
35301	Rechanneling of Artery	\$4,209
36415	Drawing blood	\$23
36489	Insertion of Catheter, Vein	\$368
36533	Insertion of Access Port	\$1,357
38562	Removal, Pelvic Lymph Nodes	\$2,806
38770	Remove Pelvis Lymph Nodes	\$3,404
38780	Remove Abdomen Lymph Nodes	\$5,612
44005	Freeing of Bowel Adhesion	\$2,277
44140	Partial Removal of Colon	\$3,266
44950	Appendectomy	\$1,656
44970	Laparoscopy surgical appendectomy	\$1,656
45378	Diagnostic Colonoscopy	\$966
45560	Repair of Rectocele	\$1,081
46255	Hemorrhoidectomy, internal and external	\$1,288
47600	Cholecystectomy	\$2,990
49000	Exploration of Abdomen	\$2,001
49320	Laparoscopy, diagnostic	\$1,426
49505	Repair Inguinal Hernia	\$1,633
49560	Repair Abdominal Hernia	\$1,978
50590	Lithotripsy, extracorporeal shock wave	\$3,818
51840	Bladder repair/vesical neck	\$2,760
52612	TURP	\$2,530
55810	Prostatectomy, perineal radical	\$4,738
57240	Repair Bladder & Vagina	\$1,564
57280	Suspension of Vagina	\$2,438
57282	Repair of Vaginal Prolapse	\$2,438
58150	Total Hysterectomy	\$2,875
58260	Vaginal Hysterectomy	\$2,783
58400	Suspension of Uterus	\$1,886
58600	Division of fallopian tube	\$1,334
58700	Removal of fallopian tube	\$1,748
58720	Removal of ovary/tube(s)	\$2,047
58740	Revise Fallopian Tube(s)	\$2,139
58750	Repair Oviduct	\$3,496
58770	Create New Tubal Opening	\$3,059



58925	Removal of ovarian cyst(s)	\$1,564
58940	Removal of ovary(s)	\$1,564
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,185
59150	Treat Ectopic Pregnancy	\$2,185
59400	Obstetrical Care	\$2,852
59409	Obstetrical Care	\$1,495
59410	Obstetrical Care	\$1,656
59510	Cesarean delivery	\$3,519
59851	Abortion	\$1,656
61154	Pierce Skull, Remove Clot	\$4,531
61312	Open Skull for Drainage	\$5,750
62284	Injection for Myelogram	\$736
63030	Low Back Disk Surgery	\$5,152
63035	Added Spinal Disk Surgery	\$1,679
63047	Removal of Spinal Lamina	\$5,750
63048	Removal of Spinal Lamina	\$2,024
63075	Neck Spine Disk Surgery	\$5,313
64721	Carpal Tunnel Surgery	\$1,656
65855	Laser Surgery of Eye	\$1,587
66170	Glaucoma Surgery	\$2,139
66761	Revision of Iris	\$1,265
66821	After Cataract Laser Surgery	\$1,173
66984	Remove Cataract, Insert Lens	\$3,059
67210	Treatment of Retinal Lesion	\$1,633
67228	Treatment of Retinal Lesion	\$1,748
67820	Revise Eyelashes	\$161
67840	Remove Eyelid Lesion	\$414
68761	Close Tear Duct Opening	\$253]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,000 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144

20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechanneling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120
49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904

58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,250 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
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[10060	I&D of Abscess, Simple	\$175
10061	I&D of Abscess, Complex	\$400
19000	Puncture Aspiration of cyst of Breast	\$200
19120	Removal of Breast Lesion	\$1,150
19180	Mastectomy, Simple	\$1,925
19240	Removal of Breast	\$2,875
20550	In Tendon/Ligament/cyst	\$150
20600	Drain/Inject Joint/Bursa	\$150
20605	Drain/Inject Joint/Bursa	\$150
22554	Neck Spine Fusion	\$6,250
23500	Closed tx, clavicle fracture	\$475
25560	Closed tx, radius fracture	\$900
27230	Closed tx, femur fracture.	\$1,375
27816	Closed tx, ankle fracture	\$975
28415	Closed tx, humerus fracture	\$3,050
29580	Application of Paste Boot	\$125
35301	Rechanneling of Artery	\$4,575
36415	Drawing blood	\$25
36489	Insertion of Catheter, Vein	\$400
36533	Insertion of Access Port	\$1,475
38562	Removal, Pelvic Lymph Nodes	\$3,050
38770	Remove Pelvis Lymph Nodes	\$3,700
38780	Remove Abdomen Lymph Nodes	\$6,100
44005	Freeing of Bowel Adhesion	\$2,475
44140	Partial Removal of Colon	\$3,550
44950	Appendectomy	\$1,800
44970	Laparoscopy surgical appendectomy	\$1,800
45378	Diagnostic Colonoscopy	\$1,050
45560	Repair of Rectocele	\$1,175
46255	Hemorrhoidectomy, internal and external	\$1,400
47600	Cholecystectomy	\$3,250
49000	Exploration of Abdomen	\$2,175
49320	Laparoscopy, diagnostic	\$1,550
49505	Repair Inguinal Hernia	\$1,775
49560	Repair Abdominal Hernia	\$2,150
50590	Lithotripsy, extracorporeal shock wave	\$4,150
51840	Bladder repair/vesical neck	\$3,000

52612	TURP	\$2,750
55810	Prostatectomy, perineal radical	\$5,150
57240	Repair Bladder & Vagina	\$1,700
57280	Suspension of Vagina	\$2,650
57282	Repair of Vaginal Prolapse	\$2,650
58150	Total Hysterectomy	\$3,125
58260	Vaginal Hysterectomy	\$3,025
58400	Suspension of Uterus	\$2,050
58600	Division of fallopian tube	\$1,450
58700	Removal of fallopian tube	\$1,900
58720	Removal of ovary/tube(s)	\$2,225
58740	Revise Fallopian Tube(s)	\$2,325
58750	Repair Oviduct	\$3,800
58770	Create New Tubal Opening	\$3,325
58925	Removal of ovarian cyst(s)	\$1,700
58940	Removal of ovary(s)	\$1,700
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,375
59150	Treat Ectopic Pregnancy	\$2,375
59400	Obstetrical Care	\$3,100
59409	Obstetrical Care	\$1,625
59410	Obstetrical Care	\$1,800
59510	Cesarean delivery	\$3,825
59851	Abortion	\$1,800
61154	Pierce Skull, Remove Clot	\$4,925
61312	Open Skull for Drainage	\$6,250
62284	Injection for Myelogram	\$800
63030	Low Back Disk Surgery	\$5,600
63035	Added Spinal Disk Surgery	\$1,825
63047	Removal of Spinal Lamina	\$6,250
63048	Removal of Spinal Lamina	\$2,200
63075	Neck Spine Disk Surgery	\$5,775
64721	Carpal Tunnel Surgery	\$1,800
65855	Laser Surgery of Eye	\$1,725
66170	Glaucoma Surgery	\$2,325
66761	Revision of Iris	\$1,375
66821	After Cataract Laser Surgery	\$1,275
66984	Remove Cataract, Insert Lens	\$3,325

67210	Treatment of Retinal Lesion	\$1,775
67228	Treatment of Retinal Lesion	\$1,900
67820	Revise Eyelashes	\$175
67840	Remove Eyelid Lesion	\$450
68761	Close Tear Duct Opening	\$275]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechanneling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456

47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288

63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

**SCHEDULE OF SURGICAL PROCEDURES [- \$6,750 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$189
10061	I&D of Abscess, Complex	\$432
19000	Puncture Aspiration of cyst of Breast	\$216
19120	Removal of Breast Lesion	\$1,242
19180	Mastectomy, Simple	\$2,079
19240	Removal of Breast	\$3,105
20550	In Tendon/Ligament/cyst	\$162
20600	Drain/Inject Joint/Bursa	\$162
20605	Drain/Inject Joint/Bursa	\$162
22554	Neck Spine Fusion	\$6,750
23500	Closed tx, clavicle fracture	\$513
25560	Closed tx, radius fracture	\$972
27230	Closed tx, femur fracture.	\$1,485
27816	Closed tx, ankle fracture	\$1,053
28415	Closed tx, humerus fracture	\$3,294
29580	Application of Paste Boot	\$135
35301	Rechanneling of Artery	\$4,941
36415	Drawing blood	\$27
36489	Insertion of Catheter, Vein	\$432
36533	Insertion of Access Port	\$1,593
38562	Removal, Pelvic Lymph Nodes	\$3,294
38770	Remove Pelvis Lymph Nodes	\$3,996
38780	Remove Abdomen Lymph Nodes	\$6,588



44005	Freeing of Bowel Adhesion	\$2,673
44140	Partial Removal of Colon	\$3,834
44950	Appendectomy	\$1,944
44970	Laparoscopy surgical appendectomy	\$1,944
45378	Diagnostic Colonoscopy	\$1,134
45560	Repair of Rectocele	\$1,269
46255	Hemorrhoidectomy, internal and external	\$1,512
47600	Cholecystectomy	\$3,510
49000	Exploration of Abdomen	\$2,349
49320	Laparoscopy, diagnostic	\$1,674
49505	Repair Inguinal Hernia	\$1,917
49560	Repair Abdominal Hernia	\$2,322
50590	Lithotripsy, extracorporeal shock wave	\$4,482
51840	Bladder repair/vesical neck	\$3,240
52612	TURP	\$2,970
55810	Prostatectomy, perineal radical	\$5,562
57240	Repair Bladder & Vagina	\$1,836
57280	Suspension of Vagina	\$2,862
57282	Repair of Vaginal Prolapse	\$2,862
58150	Total Hysterectomy	\$3,375
58260	Vaginal Hysterectomy	\$3,267
58400	Suspension of Uterus	\$2,214
58600	Division of fallopian tube	\$1,566
58700	Removal of fallopian tube	\$2,052
58720	Removal of ovary/tube(s)	\$2,403
58740	Revise Fallopian Tube(s)	\$2,511
58750	Repair Oviduct	\$4,104
58770	Create New Tubal Opening	\$3,591
58925	Removal of ovarian cyst(s)	\$1,836
58940	Removal of ovary(s)	\$1,836
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,565
59150	Treat Ectopic Pregnancy	\$2,565
59400	Obstetrical Care	\$3,348
59409	Obstetrical Care	\$1,755
59410	Obstetrical Care	\$1,944
59510	Cesarean delivery	\$4,131
59851	Abortion	\$1,944

61154	Pierce Skull, Remove Clot	\$5,319
61312	Open Skull for Drainage	\$6,750
62284	Injection for Myelogram	\$864
63030	Low Back Disk Surgery	\$6,048
63035	Added Spinal Disk Surgery	\$1,971
63047	Removal of Spinal Lamina	\$6,750
63048	Removal of Spinal Lamina	\$2,376
63075	Neck Spine Disk Surgery	\$6,237
64721	Carpal Tunnel Surgery	\$1,944
65855	Laser Surgery of Eye	\$1,863
66170	Glaucoma Surgery	\$2,511
66761	Revision of Iris	\$1,485
66821	After Cataract Laser Surgery	\$1,377
66984	Remove Cataract, Insert Lens	\$3,591
67210	Treatment of Retinal Lesion	\$1,917
67228	Treatment of Retinal Lesion	\$2,052
67820	Revise Eyelashes	\$189
67840	Remove Eyelid Lesion	\$486
68761	Close Tear Duct Opening	\$297]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,000 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140

35301	Rechanneling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904
57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904

59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,250 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$203
10061	I&D of Abscess, Complex	\$464
19000	<i>Puncture Aspiration of cyst of Breast</i>	\$232
19120	Removal of Breast Lesion	\$1,334
19180	Mastectomy, Simple	\$2,233
19240	Removal of Breast	\$3,335
20550	In Tendon/Ligament/cyst	\$174
20600	Drain/Inject Joint/Bursa	\$174
20605	Drain/Inject Joint/Bursa	\$174

22554	Neck Spine Fusion	\$7,250
23500	Closed tx, clavicle fracture	\$551
25560	Closed tx, radius fracture	\$1,044
27230	Closed tx, femur fracture.	\$1,595
27816	Closed tx, ankle fracture	\$1,131
28415	Closed tx, humerus fracture	\$3,538
29580	Application of Paste Boot	\$145
35301	Rechanneling of Artery	\$5,307
36415	Drawing blood	\$29
36489	Insertion of Catheter, Vein	\$464
36533	Insertion of Access Port	\$1,711
38562	Removal, Pelvic Lymph Nodes	\$3,538
38770	Remove Pelvis Lymph Nodes	\$4,292
38780	Remove Abdomen Lymph Nodes	\$7,076
44005	Freeing of Bowel Adhesion	\$2,871
44140	Partial Removal of Colon	\$4,118
44950	Appendectomy	\$2,088
44970	Laparoscopy surgical appendectomy	\$2,088
45378	Diagnostic Colonoscopy	\$1,218
45560	Repair of Rectocele	\$1,363
46255	Hemorrhoidectomy, internal and external	\$1,624
47600	Cholecystectomy	\$3,770
49000	Exploration of Abdomen	\$2,523
49320	Laparoscopy, diagnostic	\$1,798
49505	Repair Inguinal Hernia	\$2,059
49560	Repair Abdominal Hernia	\$2,494
50590	Lithotripsy, extracorporeal shock wave	\$4,814
51840	Bladder repair/vesical neck	\$3,480
52612	TURP	\$3,190
55810	Prostatectomy, perineal radical	\$5,974
57240	Repair Bladder & Vagina	\$1,972
57280	Suspension of Vagina	\$3,074
57282	Repair of Vaginal Prolapse	\$3,074
58150	Total Hysterectomy	\$3,625
58260	Vaginal Hysterectomy	\$3,509
58400	Suspension of Uterus	\$2,378
58600	Division of fallopian tube	\$1,682

58700	Removal of fallopian tube	\$2,204
58720	Removal of ovary/tube(s)	\$2,581
58740	Revise Fallopian Tube(s)	\$2,697
58750	Repair Oviduct	\$4,408
58770	Create New Tubal Opening	\$3,857
58925	Removal of ovarian cyst(s)	\$1,972
58940	Removal of ovary(s)	\$1,972
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,755
59150	Treat Ectopic Pregnancy	\$2,755
59400	Obstetrical Care	\$3,596
59409	Obstetrical Care	\$1,885
59410	Obstetrical Care	\$2,088
59510	Cesarean delivery	\$4,437
59851	Abortion	\$2,088
61154	Pierce Skull, Remove Clot	\$5,713
61312	Open Skull for Drainage	\$7,250
62284	Injection for Myelogram	\$928
63030	Low Back Disk Surgery	\$6,496
63035	Added Spinal Disk Surgery	\$2,117
63047	Removal of Spinal Lamina	\$7,250
63048	Removal of Spinal Lamina	\$2,552
63075	Neck Spine Disk Surgery	\$6,699
64721	Carpal Tunnel Surgery	\$2,088
65855	Laser Surgery of Eye	\$2,001
66170	Glaucoma Surgery	\$2,697
66761	Revision of Iris	\$1,595
66821	After Cataract Laser Surgery	\$1,479
66984	Remove Cataract, Insert Lens	\$3,857
67210	Treatment of Retinal Lesion	\$2,059
67228	Treatment of Retinal Lesion	\$2,204
67820	Revise Eyelashes	\$203
67840	Remove Eyelid Lesion	\$522
68761	Close Tear Duct Opening	\$319]

**SCHEDULE OF SURGICAL PROCEDURES [- \$7,500 maximum]**

<b>CPT-4 Codes</b>	<b>Procedure</b>	<b>Amount</b>
[10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480

19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180

57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280



67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300 ]

**[Schedule of Excepted Procedures]**

<b>CPT Code</b>	<b>Description</b>
[36415	Collection of Venous Blood By Venipuncture
36416	Collecton of Capillary Blood Specimen
17003	Destruc Ben/Premalig Les Other Than Skin Tag;2-14 Ea
11055	Par/Cut Ben Hyperkeratotic Lesion; Single Lesion
11720	Debridement of Nail By Any Method; One To Five
11719	Trimming of Nondystrophic Nails Any Number
11056	Paring/Cut Ben Hyperkeratotic Lesion; 2-4 Les
29550	Strapping; Toes
11001	Debrid Ext Eczem/Inf Skin; Ea Add 10% Bdy Surface
69401	Eustachian Tube Inflation Transnasl; W/O Cath
36410	Venipunct Age 3 Yr Md Skill-Sep Proc Not Routine
36540	Clct Bld Spec From Cmpl Impl Venous Acss Device
11721	Debridement of Nail By Any Method; Six or More
29280	Strapping; Hand or Finger
29720	Repair of Spica Body Cast or Jacket
11732	Avul Nail Plat Part/Cmpl Smpl; Ea Add Nail Plat
11740	Evacuation of Subungual Hematoma
30210	Displacement Therapy
11040	Debridement; Skin Partial Thickness
29260	Strapping; Elbow or Wrist
57170	Diaphragm Or Cervical Cap Fitting W/Instructions
16000	Init Tx 1 Deg Burn When No > Loc Tx Is Required
29730	Windowing of Cast
11057	Paring/Cut Ben Hyperkeratotic Lesion; > 4 Les
36405	Venipuncture Under Age 3 Years; Scalp Vein
36406	Venipuncture Under Age 3 Years; Other Vein
69210	Removal Impacted Cerumen One or Both Ears
29130	Application Of Finger Splint; Static
29200	Strapping; Thorax
29240	Strapping; Shoulder
29440	Adding Walker To Previously Applied Cast
29540	Strapping; Ankle And/or Foot
29700	Removal/Bivalving; Gauntlet-Boot/Body Cast
36400	Venipuncture Under Age 3 Years; Femoral/Jugular
46600	Anoscopy; Dx W/Wo Collct Specimen Brush/Wash-Sp
59051	Fetal Mon-Labor-Cnslt Md W/Writn Reprt; Interp
17250	Chemical Cauterization of Granulation Tissue

57160	Fit&Insrtion Pessary/Oth Intravag Support Device
69090	Ear Piercing
58301	Removal Of Intrauterine Device
20526	Injection Therapeutic Carpal Tunnel
20612	Aspir &or Injection Gang Cysts Any Location
15787	Abrasion; Each Additional Four Lesions or Less
15850	Removal Of Sutures Under Anesthesia Same Surgeon
11201	Removal Skin Tags Any Area;Ea Add 10 Lesions
29530	Strapping; Knee
29705	Removal or Bivalving; Full Arm or Full Leg Cast
29750	Wedging of Clubfoot Cast
11000	Debrid Ext Eczem/Inf Skin; Up 10% Body Surface
17000	Destruc Ben/Premalig Les Other Than Skin Tag; 1 Les
17110	Destruc Flat Warts Mollusc Contag/Milia; Up 14
11900	Injection Intralesional; Up To&Incl 7 Lesions
11101	Bx Skin Subq Tissue &/ Mucous Membrane; Ea Add
19001	Puncture Aspiration Cyst Breast; Ea Add Cyst
30200	Injection Into Turbinate Therapeutic
57150	Irriga Vag &/or Applic Medicament-Tx Bacteril Dz
69220	Debridement Mastoidectomy Cavity Simple
42550	Injection Procedure for Sialography
42650	Dilation Salivary Duct
69400	Eustachian Tube Inflation Transnasal; W/Cath
69405	Eustachian Tube Catheterization Transtympanic
69410	Focal Applic Phase Control Substance Mid Ear
10040	Acne Surgery
19291	Preop Plcmt Ndle Loc Wire Breast; Ea Add Lesion
29740	Wedging of Cast
11300	Shav Epid/Derm 1 Les Trunk Arms/Legs; 0.5cm/Less
16020	Drsg &Or Debrid Init/Subsqt; W/O Anes-Ofc/Hos Sm
65205	Removal Fb External Eye; Conjunct Superficial
41821	Operculectomy Excision Pericoronal Tissues
11730	Avul Nail Plate Partial/Complete Simple; Single
51701	Insertion Non-Indwelling Bladder Catheter
51702	Insertion Temp Indwelling Bladder Cath; Simple
29580	Strapping; Unna Boot
50684	Inj Proc-Ureterography Thru Ureterostomy/Cath
33968	Removal Intra-Aortic Balloon Assist Device Perq]